

**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

Check if different  
than previously  
reported. (ACC)

Erie

PA

16530

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00153577

3. IS THIS  
REPORTNEW  
(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  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

07

D D /

26

Y Y Y Y Y Y

2018

through

M M /

09

D D /

30

Y Y Y Y Y Y

2018

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

Dombrowski, Mark, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Dombrowski, Mark, , ,

[Electronically Filed]

Date

M M /

10

D D /

12

Y Y Y Y Y Y

2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Erie Indemnity Company PAC - Federal

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 26 2018 To: M M / D D / Y Y Y Y Y Y  
09 30 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2018</span>		<span style="border: 1px solid black; padding: 2px;">122656.80</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">149593.69</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">29961.80</span>	<span style="border: 1px solid black; padding: 2px;">108398.69</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">179555.49</span>	<span style="border: 1px solid black; padding: 2px;">231055.49</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">61500.00</span>	<span style="border: 1px solid black; padding: 2px;">113000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">118055.49</span>	<span style="border: 1px solid black; padding: 2px;">118055.49</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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. 05/2016)

Page 3

Write or Type Committee Name

Erie Indemnity Company PAC - Federal

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	8

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).....	27128.12	85723.28
(ii) Unitemized .....	2833.68	22675.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	29961.80	108398.69
(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) .....	29961.80	108398.69
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)) .....	29961.80	108398.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29961.80	108398.69

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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.....	19500.00	51000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	42000.00	62000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	61500.00	113000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61500.00	113000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29961.80	108398.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29961.80	108398.69
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 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Altsman, Gregory, , ,

Mailing Address 4159 DOMINION DR

City  
ERIEState  
PAZip Code  
16510-3267FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Eval &amp; Measurement Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624074

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Altsman, Gregory, , ,

Mailing Address 4159 DOMINION DR

City  
ERIEState  
PAZip Code  
16510-3267FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Eval &amp; Measurement Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925317

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Altsman, Gregory, , ,

Mailing Address 4159 DOMINION DR

City  
ERIEState  
PAZip Code  
16510-3267FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Eval &amp; Measurement Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163180

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

120.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <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 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bahn, James, W, ,

Mailing Address 314 SHAWNEE DR

City  
ERIEState  
PAZip Code  
16505-2432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Claims Refresh Program Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

746.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624088

Amount of Each Receipt this Period

100.44

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bahn, James, W, ,

Mailing Address 314 SHAWNEE DR

City  
ERIEState  
PAZip Code  
16505-2432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Claims Refresh Program Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925331

Amount of Each Receipt this Period

100.44

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bahn, James, W, ,

Mailing Address 314 SHAWNEE DR

City  
ERIEState  
PAZip Code  
16505-2432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Claims Refresh Program Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

946.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163194

Amount of Each Receipt this Period

100.44

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

301.32

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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Banks, Mark, K, ,**

Mailing Address 5123 FLINTLOCK LN

City  
ROANOKE

State  
VA

Zip Code  
24018-8711

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1244.95

Date of Receipt

MM / DD / YYYY  
07 / 26 / 2018

**Transaction ID : A2018-1624188**

Amount of Each Receipt this Period

167.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Banks, Mark, K, ,**

Mailing Address 5123 FLINTLOCK LN

City  
ROANOKE

State  
VA

Zip Code  
24018-8711

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1412.57

Date of Receipt

MM / DD / YYYY  
08 / 21 / 2018

**Transaction ID : A2018-1925279**

Amount of Each Receipt this Period

167.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Banks, Mark, K, ,**

Mailing Address 5123 FLINTLOCK LN

City  
ROANOKE

State  
VA

Zip Code  
24018-8711

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1580.19

Date of Receipt

MM / DD / YYYY  
09 / 21 / 2018

**Transaction ID : A2018-2163300**

Amount of Each Receipt this Period

167.62

☐ Memo Item

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

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

502.86

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barnett, Daniel, S, ,

Mailing Address 2675 CHELSIE DR

City  
ERIEState  
PAZip Code  
16509-4682FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
SSV--P/C Actuarial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624111

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barnett, Daniel, S, ,

Mailing Address 2675 CHELSIE DR

City  
ERIEState  
PAZip Code  
16509-4682FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
SSV--P/C Actuarial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925354

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barnett, Daniel, S, ,

Mailing Address 2675 CHELSIE DR

City  
ERIEState  
PAZip Code  
16509-4682FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
SSV--P/C Actuarial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163217

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

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

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FOR LINE NUMBER:  
(check only one)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bauer, David, L, ,**

Mailing Address 2081 MAJESTY CT

City  
AKRON

State  
OH

Zip Code  
44333-1282

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Field Life Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624147**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bauer, David, L, ,**

Mailing Address 2081 MAJESTY CT

City  
AKRON

State  
OH

Zip Code  
44333-1282

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Field Life Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925238**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bauer, David, L, ,**

Mailing Address 2081 MAJESTY CT

City  
AKRON

State  
OH

Zip Code  
44333-1282

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Field Life Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163253**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

# **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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bauer, Michael, , ,**

Mailing Address 6198 INVERNESS TER

City  
FAIRVIEW

State  
PA

Zip Code  
16415-3278

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SSV--Commercial Undw East (II)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925327**

Amount of Each Receipt this Period

26.68

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bauer, Michael, , ,**

Mailing Address 6198 INVERNESS TER

City  
FAIRVIEW

State  
PA

Zip Code  
16415-3278

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SSV--Commercial Undw East (II)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163190**

Amount of Each Receipt this Period

26.68

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bednar, David, L, ,**

Mailing Address 8019 W LAKE RD

City  
FAIRVIEW

State  
PA

Zip Code  
16415-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Executive Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

499.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624082**

Amount of Each Receipt this Period

67.30

☐ Memo Item

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

120.66

**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  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bednar, David, L, ,**

Mailing Address 8019 W LAKE RD

City  
FAIRVIEW

State  
PA

Zip Code  
16415-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Executive Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.25

Date of Receipt

08 / 21 / 2018

**Transaction ID : A2018-1925325**

Amount of Each Receipt this Period

67.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bednar, David, L, ,**

Mailing Address 8019 W LAKE RD

City  
FAIRVIEW

State  
PA

Zip Code  
16415-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Executive Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.55

Date of Receipt

09 / 21 / 2018

**Transaction ID : A2018-2163188**

Amount of Each Receipt this Period

67.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bloom, Jon, P, ,**

Mailing Address 740 RIDGEVIEW DR

City  
ERIE

State  
PA

Zip Code  
16505-1059

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir EPMO Performance Tracking

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

907.54

Date of Receipt

07 / 26 / 2018

**Transaction ID : A2018-1624125**

Amount of Each Receipt this Period

137.88

☐ Memo Item

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

272.48

**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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bloom, Jon, P, ,**

Mailing Address 740 RIDGEVIEW DR

City  
ERIE

State  
PA

Zip Code  
16505-1059

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir EPMO Performance Tracking

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.42

Date of Receipt

08 / 21 / 2018

**Transaction ID : A2018-1925368**

Amount of Each Receipt this Period

137.88

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bloom, Jon, P, ,**

Mailing Address 740 RIDGEVIEW DR

City  
ERIE

State  
PA

Zip Code  
16505-1059

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir EPMO Performance Tracking

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.30

Date of Receipt

09 / 21 / 2018

**Transaction ID : A2018-2163231**

Amount of Each Receipt this Period

137.88

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Boldt, Douglas, G, ,**

Mailing Address 238 CONNECTICUT DR

City  
ERIE

State  
PA

Zip Code  
16505-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Service Level Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

207.16

Date of Receipt

09 / 21 / 2018

**Transaction ID : A2018-2163263**

Amount of Each Receipt this Period

21.98

☐ Memo Item

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

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

297.74

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brinling, Jeffrey, W, ,

Mailing Address 5603 STONERIDGE DR

City  
FAIRVIEWState  
PAZip Code  
16415-2243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
SVP Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624067

Amount of Each Receipt this Period

196.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brinling, Jeffrey, W, ,

Mailing Address 5603 STONERIDGE DR

City  
FAIRVIEWState  
PAZip Code  
16415-2243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
SVP Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925310

Amount of Each Receipt this Period

196.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brinling, Jeffrey, W, ,

Mailing Address 5603 STONERIDGE DR

City  
FAIRVIEWState  
PAZip Code  
16415-2243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
SVP Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1862.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163173

Amount of Each Receipt this Period

196.00

☐ Memo Item

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

588.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Buchholz, Daniel, , ,

Mailing Address 2242 BROOKSBORO DR

City  
ERIEState  
PAZip Code  
16510-6412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
Life Underwriter III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624140

Amount of Each Receipt this Period

36.74

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Buchholz, Daniel, , ,

Mailing Address 2242 BROOKSBORO DR

City  
ERIEState  
PAZip Code  
16510-6412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
Life Underwriter III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.09

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925231

Amount of Each Receipt this Period

36.74

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Buchholz, Daniel, , ,

Mailing Address 2242 BROOKSBORO DR

City  
ERIEState  
PAZip Code  
16510-6412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
Life Underwriter III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163246

Amount of Each Receipt this Period

36.74

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

110.22

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burns, Patrick, J, ,

Mailing Address 8391 SUN LAKE DR

City  
GIRARD

State  
PA

Zip Code  
16417-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Corporate Claims Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624151

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burns, Patrick, J, ,

Mailing Address 8391 SUN LAKE DR

City  
GIRARD

State  
PA

Zip Code  
16417-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Corporate Claims Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925242

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burns, Patrick, J, ,

Mailing Address 8391 SUN LAKE DR

City  
GIRARD

State  
PA

Zip Code  
16417-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Corporate Claims Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163257

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

900.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cogan, Raymond, T, ,**

Mailing Address 6743 BURNSIDE LN

City  
DUBLIN

State  
OH

Zip Code  
43016-8015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.10

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624099**

Amount of Each Receipt this Period

32.74

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cogan, Raymond, T, ,**

Mailing Address 6743 BURNSIDE LN

City  
DUBLIN

State  
OH

Zip Code  
43016-8015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.84

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925342**

Amount of Each Receipt this Period

32.74

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cogan, Raymond, T, ,**

Mailing Address 6743 BURNSIDE LN

City  
DUBLIN

State  
OH

Zip Code  
43016-8015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

289.57

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163205**

Amount of Each Receipt this Period

14.73

☐ Memo Item

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

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

80.21

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

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cummings, Shawn, C, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Strategic Agency Invstmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624059**

Amount of Each Receipt this Period

101.96

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cummings, Shawn, C, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Strategic Agency Invstmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

862.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925302**

Amount of Each Receipt this Period

101.96

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cummings, Shawn, C, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Strategic Agency Invstmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

964.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163165**

Amount of Each Receipt this Period

101.96

☐ Memo Item

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

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

305.88

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

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

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dombrowski, Mark, , ,**

Mailing Address 4361 COOPER RD

City  
ERIE

State  
PA

Zip Code  
16510-6621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY  
07 / 26 / 2018

**Transaction ID : A2018-1624090**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dombrowski, Mark, , ,**

Mailing Address 4361 COOPER RD

City  
ERIE

State  
PA

Zip Code  
16510-6621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

MM / DD / YYYY  
08 / 21 / 2018

**Transaction ID : A2018-1925333**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dombrowski, Mark, , ,**

Mailing Address 4361 COOPER RD

City  
ERIE

State  
PA

Zip Code  
16510-6621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

MM / DD / YYYY  
09 / 21 / 2018

**Transaction ID : A2018-2163196**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dugan, Sean, D, ,**

Mailing Address 4204 TRASK AVE

City  
ERIE

State  
PA

Zip Code  
16508-3142

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Recruiting & Comm Outreach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624091**

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dugan, Sean, D, ,**

Mailing Address 4204 TRASK AVE

City  
ERIE

State  
PA

Zip Code  
16508-3142

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Recruiting & Comm Outreach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925334**

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dugan, Sean, D, ,**

Mailing Address 4204 TRASK AVE

City  
ERIE

State  
PA

Zip Code  
16508-3142

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Recruiting & Comm Outreach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163197**

Amount of Each Receipt this Period

36.00

☐ Memo Item

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

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

108.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 22 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eastwood, Bradley, C, ,

Mailing Address 600 RIDGEVIEW DR

City  
ERIEState  
PAZip Code  
16505-1056FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP Actuarial &amp; Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624204

Amount of Each Receipt this Period

64.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eastwood, Bradley, C, ,

Mailing Address 600 RIDGEVIEW DR

City  
ERIEState  
PAZip Code  
16505-1056FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP Actuarial &amp; Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925295

Amount of Each Receipt this Period

64.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eastwood, Bradley, C, ,

Mailing Address 600 RIDGEVIEW DR

City  
ERIEState  
PAZip Code  
16505-1056FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP Actuarial &amp; Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

607.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163260

Amount of Each Receipt this Period

64.46

☐ Memo Item

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

193.38

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

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

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

FOR LINE NUMBER: PAGE 23 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Estes, Sandra, A, ,

Mailing Address 11204 PHILLIPSVILLE RD

City  
WATTSBURGState  
PAZip Code  
16442-1614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Program Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624092

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Estes, Sandra, A, ,

Mailing Address 11204 PHILLIPSVILLE RD

City  
WATTSBURGState  
PAZip Code  
16442-1614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Program Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925335

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Estes, Sandra, A, ,

Mailing Address 11204 PHILLIPSVILLE RD

City  
WATTSBURGState  
PAZip Code  
16442-1614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Program Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163198

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fechner III, Ruben, F, ,**

Mailing Address 6045 FOSSILWOOD CT

City  
ERIE

State  
PA

Zip Code  
16506-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1763.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624205**

Amount of Each Receipt this Period

238.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fechner III, Ruben, F, ,**

Mailing Address 6045 FOSSILWOOD CT

City  
ERIE

State  
PA

Zip Code  
16506-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2001.91

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925296**

Amount of Each Receipt this Period

238.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fechner III, Ruben, F, ,**

Mailing Address 6045 FOSSILWOOD CT

City  
ERIE

State  
PA

Zip Code  
16506-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2240.37

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163261**

Amount of Each Receipt this Period

238.46

☐ Memo Item

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

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

715.38

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Felong Pietrusinski, Kathleen, , ,**

Mailing Address 4316 TROON AVE

City  
ERIE

State  
PA

Zip Code  
16506-3656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.75

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624098**

Amount of Each Receipt this Period

126.56

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Felong Pietrusinski, Kathleen, , ,**

Mailing Address 4316 TROON AVE

City  
ERIE

State  
PA

Zip Code  
16506-3656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1064.31

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925341**

Amount of Each Receipt this Period

126.56

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Felong Pietrusinski, Kathleen, , ,**

Mailing Address 4316 TROON AVE

City  
ERIE

State  
PA

Zip Code  
16506-3656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1190.87

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163204**

Amount of Each Receipt this Period

126.56

☐ Memo Item

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

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

379.68

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Feltz, Lorianne, , ,

Mailing Address 6418 FIELD VALLEY LN

City  
FAIRVIEWState  
PAZip Code  
16415-1725FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
SVP Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624080

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Feltz, Lorianne, , ,

Mailing Address 6418 FIELD VALLEY LN

City  
FAIRVIEWState  
PAZip Code  
16415-1725FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
SVP Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925323

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Feltz, Lorianne, , ,

Mailing Address 6418 FIELD VALLEY LN

City  
FAIRVIEWState  
PAZip Code  
16415-1725FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
SVP Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163186

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

1200.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fitzgerald, Douglas, N, ,

Mailing Address 2311 WEDGEWOOD WAY

City  
YORKState  
PAZip Code  
17408-9464FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624184

Amount of Each Receipt this Period

78.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fitzgerald, Douglas, N, ,

Mailing Address 2311 WEDGEWOOD WAY

City  
YORKState  
PAZip Code  
17408-9464FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925275

Amount of Each Receipt this Period

78.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fitzgerald, Douglas, N, ,

Mailing Address 2311 WEDGEWOOD WAY

City  
YORKState  
PAZip Code  
17408-9464FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

745.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163296

Amount of Each Receipt this Period

78.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

235.50

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fletcher, Charles, M, ,

Mailing Address 181 FREEDOM DR

City  
PARKERSBURGState  
WVZip Code  
26101-8505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.60

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624123

Amount of Each Receipt this Period

99.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fletcher, Charles, M, ,

Mailing Address 181 FREEDOM DR

City  
PARKERSBURGState  
WVZip Code  
26101-8505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.84

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925366

Amount of Each Receipt this Period

99.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fletcher, Charles, M, ,

Mailing Address 181 FREEDOM DR

City  
PARKERSBURGState  
WVZip Code  
26101-8505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

935.08

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163229

Amount of Each Receipt this Period

99.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

297.72

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 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gamble, Theresa, M, ,**

Mailing Address 1049 W 24TH ST

City  
ERIE

State  
PA

Zip Code  
16502-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Compliance Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624083**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gamble, Theresa, M, ,**

Mailing Address 1049 W 24TH ST

City  
ERIE

State  
PA

Zip Code  
16502-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Compliance Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925326**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gamble, Theresa, M, ,**

Mailing Address 1049 W 24TH ST

City  
ERIE

State  
PA

Zip Code  
16502-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Compliance Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163189**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gheres, William, D, ,**

Mailing Address 120 MADELINE DR

City  
EDINBORO

State  
PA

Zip Code  
16412-2764

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Retirement Planning & Adm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624093**

Amount of Each Receipt this Period

28.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gheres, William, D, ,**

Mailing Address 120 MADELINE DR

City  
EDINBORO

State  
PA

Zip Code  
16412-2764

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Retirement Planning & Adm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.16

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925336**

Amount of Each Receipt this Period

28.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gheres, William, D, ,**

Mailing Address 120 MADELINE DR

City  
EDINBORO

State  
PA

Zip Code  
16412-2764

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Retirement Planning & Adm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

267.42

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163199**

Amount of Each Receipt this Period

28.26

☐ Memo Item

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

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

84.78

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 31 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Glod, David, R, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Sr Portfolio Mgr Fxd Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624149**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Glod, David, R, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Sr Portfolio Mgr Fxd Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925240**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Glod, David, R, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Sr Portfolio Mgr Fxd Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163255**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gutting, Gregory, J, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SVP Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2711.60

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624057**

Amount of Each Receipt this Period

369.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gutting, Gregory, J, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SVP Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3080.84

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925300**

Amount of Each Receipt this Period

369.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gutting, Gregory, J, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SVP Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3450.08

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163163**

Amount of Each Receipt this Period

369.24

☐ Memo Item

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

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

1107.72

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harvey, James, K, ,**

Mailing Address 3917 BEECH AVE

City  
ERIE

State  
PA

Zip Code  
16508-3114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Sr Talent Management Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624161**

Amount of Each Receipt this Period

50.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harvey, James, K, ,**

Mailing Address 3917 BEECH AVE

City  
ERIE

State  
PA

Zip Code  
16508-3114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Sr Talent Management Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925252**

Amount of Each Receipt this Period

50.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harvey, James, K, ,**

Mailing Address 3917 BEECH AVE

City  
ERIE

State  
PA

Zip Code  
16508-3114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Sr Talent Management Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

476.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163273**

Amount of Each Receipt this Period

50.46

☐ Memo Item

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

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

151.38

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hasbrouck, Larry, J.,**

Mailing Address 4110 GROVE AVE

City  
RICHMOND

State  
VA

Zip Code  
23221-1906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Liability Claims Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.41

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163303**

Amount of Each Receipt this Period

21.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Heintz, Leo, J.,**

Mailing Address 6175 BRANDY RUN

City  
FAIRVIEW

State  
PA

Zip Code  
16415-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Product Manager (Cmrl)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624113**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Heintz, Leo, J.,**

Mailing Address 6175 BRANDY RUN

City  
FAIRVIEW

State  
PA

Zip Code  
16415-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Product Manager (Cmrl)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925356**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

101.18

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

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Heintz, Leo, J, ,**

Mailing Address 6175 BRANDY RUN

City  
FAIRVIEW

State  
PA

Zip Code  
16415-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Product Manager (Cmrl)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163219**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hermann, Danielle, M, ,**

Mailing Address 7335 APPLETON CT

City  
FAIRVIEW

State  
PA

Zip Code  
16415-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.61

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925267**

Amount of Each Receipt this Period

26.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hermann, Danielle, M, ,**

Mailing Address 7335 APPLETON CT

City  
FAIRVIEW

State  
PA

Zip Code  
16415-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.07

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163288**

Amount of Each Receipt this Period

26.46

☐ Memo Item

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

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

92.92

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Herr Jr., William, N, ,**

Mailing Address 3450 TANAGER DR

City  
ERIE

State  
PA

Zip Code  
16506-1156

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Corporate Actuarial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1118.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624197**

Amount of Each Receipt this Period

150.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Herr Jr., William, N, ,**

Mailing Address 3450 TANAGER DR

City  
ERIE

State  
PA

Zip Code  
16506-1156

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Corporate Actuarial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925288**

Amount of Each Receipt this Period

150.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Herr Jr., William, N, ,**

Mailing Address 3450 TANAGER DR

City  
ERIE

State  
PA

Zip Code  
16506-1156

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Corporate Actuarial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1419.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163309**

Amount of Each Receipt this Period

150.16

☐ Memo Item

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

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

450.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hesidence, Patrick, D, ,**

Mailing Address 2400 GLORY DR

City  
WATERFORDState  
PAZip Code  
16441-5404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Billing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

**Transaction ID : A2018-1624165**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hesidence, Patrick, D, ,**

Mailing Address 2400 GLORY DR

City  
WATERFORDState  
PAZip Code  
16441-5404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Billing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2018

**Transaction ID : A2018-1925256**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hesidence, Patrick, D, ,**

Mailing Address 2400 GLORY DR

City  
WATERFORDState  
PAZip Code  
16441-5404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Billing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

**Transaction ID : A2018-2163277**

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hirst, Cheryl, A, ,**

Mailing Address 6009 COBBLESTONE DR

City  
ERIE

State  
PA

Zip Code  
16509-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Bus Cntrny & Dstr Rcvry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624058**

Amount of Each Receipt this Period

85.48

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hirst, Cheryl, A, ,**

Mailing Address 6009 COBBLESTONE DR

City  
ERIE

State  
PA

Zip Code  
16509-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Bus Cntrny & Dstr Rcvry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925301**

Amount of Each Receipt this Period

85.48

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hirst, Cheryl, A, ,**

Mailing Address 6009 COBBLESTONE DR

City  
ERIE

State  
PA

Zip Code  
16509-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Bus Cntrny & Dstr Rcvry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

555.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163164**

Amount of Each Receipt this Period

85.48

☐ Memo Item

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

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

256.44

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

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for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hirst, Melvin, L, ,**

Mailing Address 5820 FOREST XING

City  
ERIE

State  
PA

Zip Code  
16506-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Sales Promotion & Agcy Rel

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  
07 / 26 / 2018

**Transaction ID : A2018-1624064**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hirst, Melvin, L, ,**

Mailing Address 5820 FOREST XING

City  
ERIE

State  
PA

Zip Code  
16506-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Sales Promotion & Agcy Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925307**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hirst, Melvin, L, ,**

Mailing Address 5820 FOREST XING

City  
ERIE

State  
PA

Zip Code  
16506-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Sales Promotion & Agcy Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163170**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

240.00

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

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

FOR LINE NUMBER: PAGE 40 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Holman, Lisa, M, ,

Mailing Address 5316 DEERFIELD DR

City  
FAIRVIEWState  
PAZip Code  
16415-2320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SSV--Customer Care Ops (Life)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.35

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624143

Amount of Each Receipt this Period

48.90

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Holman, Lisa, M, ,

Mailing Address 5316 DEERFIELD DR

City  
FAIRVIEWState  
PAZip Code  
16415-2320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SSV--Customer Care Ops (Life)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.25

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925234

Amount of Each Receipt this Period

48.90

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Holman, Lisa, M, ,

Mailing Address 5316 DEERFIELD DR

City  
FAIRVIEWState  
PAZip Code  
16415-2320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SSV--Customer Care Ops (Life)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

462.15

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163249

Amount of Each Receipt this Period

48.90

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

146.70

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Holmgren, Richard, , ,

Mailing Address 162 E 35TH ST

City  
ERIEState  
PAZip Code  
16504-1514FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP Strategic Marketing

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  
07 / 26 / 2018

Transaction ID : A2018-1624071

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Holmgren, Richard, , ,

Mailing Address 162 E 35TH ST

City  
ERIEState  
PAZip Code  
16504-1514FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925314

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Holmgren, Richard, , ,

Mailing Address 162 E 35TH ST

City  
ERIEState  
PAZip Code  
16504-1514FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163177

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

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 42 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ingram III, Robert, C, ,

Mailing Address 1324 S SHORE DR APT 707

City  
ERIEState  
PAZip Code  
16505-2540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

EVP &amp; Chief Information Ofcr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624200

Amount of Each Receipt this Period

307.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ingram III, Robert, C, ,

Mailing Address 1324 S SHORE DR APT 707

City  
ERIEState  
PAZip Code  
16505-2540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

EVP &amp; Chief Information Ofcr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2615.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925291

Amount of Each Receipt this Period

307.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ingram III, Robert, C, ,

Mailing Address 1324 S SHORE DR APT 707

City  
ERIEState  
PAZip Code  
16505-2540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

EVP &amp; Chief Information Ofcr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2923.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163312

Amount of Each Receipt this Period

307.70

☐ Memo Item

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

923.10

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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Josefiak, Damien, C, ,**

Mailing Address 11114 BOTHWELL ST

City  
RICHMOND

State  
VA

Zip Code  
23233-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Field Govt Relations Spct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624170**

Amount of Each Receipt this Period

44.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Josefiak, Damien, C, ,**

Mailing Address 11114 BOTHWELL ST

City  
RICHMOND

State  
VA

Zip Code  
23233-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Field Govt Relations Spct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925261**

Amount of Each Receipt this Period

44.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Josefiak, Damien, C, ,**

Mailing Address 11114 BOTHWELL ST

City  
RICHMOND

State  
VA

Zip Code  
23233-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Field Govt Relations Spct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163282**

Amount of Each Receipt this Period

44.00

☐ Memo Item

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

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

132.00

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

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

FOR LINE NUMBER: PAGE 44 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kennedy, Keith, E, ,

Mailing Address 971 DUTCH RD

City  
FAIRVIEWState  
PAZip Code  
16415-1628FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624196

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kennedy, Keith, E, ,

Mailing Address 971 DUTCH RD

City  
FAIRVIEWState  
PAZip Code  
16415-1628FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925287

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kennedy, Keith, E, ,

Mailing Address 971 DUTCH RD

City  
FAIRVIEWState  
PAZip Code  
16415-1628FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163308

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Koebe, Jennifer, , ,**

Mailing Address 2002 CHARLESTON AVE

City  
ERIE

State  
PA

Zip Code  
16509-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Personal Lines Prcls Oprs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624061**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Koebe, Jennifer, , ,**

Mailing Address 2002 CHARLESTON AVE

City  
ERIE

State  
PA

Zip Code  
16509-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Personal Lines Prcls Oprs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925304**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Koebe, Jennifer, , ,**

Mailing Address 2002 CHARLESTON AVE

City  
ERIE

State  
PA

Zip Code  
16509-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Personal Lines Prcls Oprs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163167**

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

360.00

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

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

FOR LINE NUMBER: PAGE 46 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kramer, Jacqueline, , ,

Mailing Address 2916 TUTTLE AVE

City  
ERIEState  
PAZip Code  
16504-1470FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Business Analyst III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624107

Amount of Each Receipt this Period

50.74

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kramer, Jacqueline, , ,

Mailing Address 2916 TUTTLE AVE

City  
ERIEState  
PAZip Code  
16504-1470FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Business Analyst III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.07

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925350

Amount of Each Receipt this Period

50.74

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kramer, Jacqueline, , ,

Mailing Address 2916 TUTTLE AVE

City  
ERIEState  
PAZip Code  
16504-1470FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Business Analyst III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

329.81

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163213

Amount of Each Receipt this Period

50.74

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

152.22

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 121

<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			

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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kraus Phillips, Karen, A, ,**

Mailing Address 611 VIRGINIA AVE

City  
ERIEState  
PAZip Code  
16505-4611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

**Transaction ID : A2018-1624114**

Amount of Each Receipt this Period

79.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kraus Phillips, Karen, A, ,**

Mailing Address 611 VIRGINIA AVE

City  
ERIEState  
PAZip Code  
16505-4611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2018

**Transaction ID : A2018-1925357**

Amount of Each Receipt this Period

79.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kraus Phillips, Karen, A, ,**

Mailing Address 611 VIRGINIA AVE

City  
ERIEState  
PAZip Code  
16505-4611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

752.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

**Transaction ID : A2018-2163220**

Amount of Each Receipt this Period

79.62

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

238.86

**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 48 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lucas, Christine, L, ,**

Mailing Address 2152 LORWOOD DR

City  
ERIE

State  
PA

Zip Code  
16510-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP & Product Manager (Cmrl)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624085**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lucas, Christine, L, ,**

Mailing Address 2152 LORWOOD DR

City  
ERIE

State  
PA

Zip Code  
16510-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP & Product Manager (Cmrl)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925328**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lucas, Christine, L, ,**

Mailing Address 2152 LORWOOD DR

City  
ERIE

State  
PA

Zip Code  
16510-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP & Product Manager (Cmrl)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163191**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 49 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lydic, Jennifer, M, ,**

Mailing Address 8820 HONEYSUCKLE DR

City  
ERIE

State  
PA

Zip Code  
16509-5050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Sr. Sourcing & Vendor Mgt Anl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163305**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MacArthur, Andrea, J, ,**

Mailing Address 4419 W 38TH ST

City  
ERIE

State  
PA

Zip Code  
16506-3722

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Learning & Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624177**

Amount of Each Receipt this Period

30.04

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MacArthur, Andrea, J, ,**

Mailing Address 4419 W 38TH ST

City  
ERIE

State  
PA

Zip Code  
16506-3722

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Learning & Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925268**

Amount of Each Receipt this Period

30.04

☐ Memo Item

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

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

90.08

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

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

FOR LINE NUMBER: PAGE 50 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MacArthur, Andrea, J, ,**

Mailing Address 4419 W 38TH ST

City  
ERIE

State  
PA

Zip Code  
16506-3722

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Learning & Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163289**

Amount of Each Receipt this Period

30.04

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mack, Debra, A, ,**

Mailing Address 3560 KANE HILL RD

City  
ERIE

State  
PA

Zip Code  
16510-4962

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Sales & Agy Bsn Prcs/Plng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624160**

Amount of Each Receipt this Period

91.80

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mack, Debra, A, ,**

Mailing Address 3560 KANE HILL RD

City  
ERIE

State  
PA

Zip Code  
16510-4962

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Sales & Agy Bsn Prcs/Plng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

773.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925251**

Amount of Each Receipt this Period

91.80

☐ Memo Item

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

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

213.64

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

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

FOR LINE NUMBER: PAGE 51 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mack, Debra, A, ,

Mailing Address 3560 KANE HILL RD

City  
ERIEState  
PAZip Code  
16510-4962FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Sales &amp; Agy Bsn Prcs/Plng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163272

Amount of Each Receipt this Period

91.80

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Marrion, Kristopher, C, ,

Mailing Address 113 BRIARBURN LN

City

HOLLY SPRINGS

State

NC

Zip Code

27540-7733

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP &amp; Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624137

Amount of Each Receipt this Period

40.58

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marrion, Kristopher, C, ,

Mailing Address 113 BRIARBURN LN

City

HOLLY SPRINGS

State

NC

Zip Code

27540-7733

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP &amp; Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

342.43

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925228

Amount of Each Receipt this Period

40.58

☐ Memo Item

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

172.96

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 52 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marrion, Kristopher, C, ,

Mailing Address 113 BRIARBURN LN

City  
 HOLLY SPRINGS

State  
 NC

Zip Code  
 27540-7733

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Erie Insurance Group

Occupation (for Individual)  
 VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.01

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 21 / 2018

Transaction ID : A2018-2163243

Amount of Each Receipt this Period

40.58

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Marsh, Christina, M, ,

Mailing Address 245 GATEWAY DR

City  
 FAIRVIEW

State  
 PA

Zip Code  
 16415-1639

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Erie Insurance Group

Occupation (for Individual)  
 SVP Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 26 / 2018

Transaction ID : A2018-1624096

Amount of Each Receipt this Period

180.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Marsh, Christina, M, ,

Mailing Address 245 GATEWAY DR

City  
 FAIRVIEW

State  
 PA

Zip Code  
 16415-1639

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Erie Insurance Group

Occupation (for Individual)  
 SVP Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 21 / 2018

Transaction ID : A2018-1925339

Amount of Each Receipt this Period

180.00

☐ Memo Item

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

400.58

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 53 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marsh, Christina, M, ,**

Mailing Address 245 GATEWAY DR

City  
FAIRVIEW

State  
PA

Zip Code  
16415-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SVP Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1710.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163202**

Amount of Each Receipt this Period

180.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Masi, Deborah, S, ,**

Mailing Address 3012 MADEIRA DR

City  
ERIE

State  
PA

Zip Code  
16506-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Commercial Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624062**

Amount of Each Receipt this Period

63.04

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Masi, Deborah, S, ,**

Mailing Address 3012 MADEIRA DR

City  
ERIE

State  
PA

Zip Code  
16506-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Commercial Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

529.04

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925305**

Amount of Each Receipt this Period

63.04

☐ Memo Item

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

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

306.08

# **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 54 OF 121

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Masi, Deborah, S, ,**

Mailing Address 3012 MADEIRA DR

City  
ERIE

State  
PA

Zip Code  
16506-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Commercial Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163168**

Amount of Each Receipt this Period

63.04

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCall, Bruce, , ,**

Mailing Address 10581 TANNER RD

City

WATTSBURG

State

PA

Zip Code

16442-9538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Project Manager II (IT)

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  
07 / 26 / 2018

**Transaction ID : A2018-1624141**

Amount of Each Receipt this Period

48.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McCall, Bruce, , ,**

Mailing Address 10581 TANNER RD

City

WATTSBURG

State

PA

Zip Code

16442-9538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Project Manager II (IT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925232**

Amount of Each Receipt this Period

48.00

☐ Memo Item

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

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

159.04

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 121

(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			

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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCall, Bruce, , ,**

Mailing Address 10581 TANNER RD

City  
WATTSBURGState  
PAZip Code  
16442-9538FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
Project Manager II (IT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

**Transaction ID : A2018-2163247**

Amount of Each Receipt this Period

48.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McLaughlin, Sean, J, ,**

Mailing Address 4870 WATSON RD

City  
ERIEState  
PAZip Code  
16505-1328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
EVP Secy & Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

**Transaction ID : A2018-1624207**

Amount of Each Receipt this Period

308.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McLaughlin, Sean, J, ,**

Mailing Address 4870 WATSON RD

City  
ERIEState  
PAZip Code  
16505-1328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
EVP Secy & Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2618.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2018

**Transaction ID : A2018-1925297**

Amount of Each Receipt this Period

308.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

664.00

**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 56 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. McLaughlin, Sean, J, ,

Mailing Address 4870 WATSON RD

City  
ERIEState  
PAZip Code  
16505-1328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
EVP Secy & Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2926.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163262

Amount of Each Receipt this Period

308.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McMahon, Heather, , ,

Mailing Address 535 E WATERFORD DR APT 7313

City

HOMESTEAD

State

PA

Zip Code

15120-5035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
Sr Claims Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624135

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McMahon, Heather, , ,

Mailing Address 535 E WATERFORD DR APT 7313

City

HOMESTEAD

State

PA

Zip Code

15120-5035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
Sr Claims Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925226

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

408.00

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 57 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. McMahon, Heather, , ,

Mailing Address 535 E WATERFORD DR APT 7313

City  
HOMESTEADState  
PAZip Code  
15120-5035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
Sr Claims Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163241

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McNamara, James, , ,

Mailing Address 944 W ARLINGTON RD

City  
ERIEState  
PAZip Code  
16509-2106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
Counsel II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624168

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McNamara, James, , ,

Mailing Address 944 W ARLINGTON RD

City  
ERIEState  
PAZip Code  
16509-2106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
Counsel II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925259

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

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 58 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McNamara, James, , ,**

Mailing Address 944 W ARLINGTON RD

City  
ERIE

State  
PA

Zip Code  
16509-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Counsel II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 21 / 2018

**Transaction ID : A2018-2163280**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McNutt, Robert, W, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

07 / 26 / 2018

**Transaction ID : A2018-1624164**

Amount of Each Receipt this Period

240.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McNutt, Robert, W, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

08 / 21 / 2018

**Transaction ID : A2018-1925255**

Amount of Each Receipt this Period

240.00

☐ Memo Item

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

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

510.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 121

(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			

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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McNutt, Robert, W, ,**

Mailing Address 4892 N WAYSIDE DR

City  
ERIEState  
PAZip Code  
16505-1358FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP &amp; Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

**Transaction ID : A2018-2163276**

Amount of Each Receipt this Period

240.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Micholas, Leah, M, ,**

Mailing Address 262 HICKORY HEIGHTS DR

City

BRIDGEVILLE

State

PA

Zip Code

15017-1083

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP &amp; Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

**Transaction ID : A2018-1624182**

Amount of Each Receipt this Period

119.82

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Micholas, Leah, M, ,**

Mailing Address 262 HICKORY HEIGHTS DR

City

BRIDGEVILLE

State

PA

Zip Code

15017-1083

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP &amp; Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1010.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2018

**Transaction ID : A2018-1925273**

Amount of Each Receipt this Period

119.82

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

479.64

**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 60 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Micholas, Leah, M, ,**

Mailing Address 262 HICKORY HEIGHTS DR

City  
BRIDGEVILLE

State  
PA

Zip Code  
15017-1083

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163294

Amount of Each Receipt this Period

119.82

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mitchell, Cheryl, L, ,**

Mailing Address 4315 ALISON AVE

City  
ERIE

State  
PA

Zip Code  
16506-6165

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Workplace Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624186

Amount of Each Receipt this Period

72.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mitchell, Cheryl, L, ,**

Mailing Address 4315 ALISON AVE

City  
ERIE

State  
PA

Zip Code  
16506-6165

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Workplace Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

612.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925277

Amount of Each Receipt this Period

72.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

263.82

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 61 OF 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mitchell, Cheryl, L, ,**

Mailing Address 4315 ALISON AVE

City  
ERIE

State  
PA

Zip Code  
16506-6165

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Workplace Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

09 / 21 / 2018

**Transaction ID : A2018-2163298**

Amount of Each Receipt this Period

72.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Myers, Matthew, W, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP & Claims Ref Prgm Sponsor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

07 / 26 / 2018

**Transaction ID : A2018-1624150**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Myers, Matthew, W, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP & Claims Ref Prgm Sponsor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

08 / 21 / 2018

**Transaction ID : A2018-1925241**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

372.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Myers, Matthew, W, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP & Claims Ref Prgm Sponsor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163256**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nealon III, James, G, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624163**

Amount of Each Receipt this Period

148.90

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nealon III, James, G, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1254.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925254**

Amount of Each Receipt this Period

148.90

☐ Memo Item

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

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

447.80

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nealon III, James, G, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1403.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163275**

Amount of Each Receipt this Period

148.90

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NeCastro, Timothy, G, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP Regional Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624069**

Amount of Each Receipt this Period

346.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NeCastro, Timothy, G, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

SVP Regional Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2941.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925312**

Amount of Each Receipt this Period

346.00

☐ Memo Item

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

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

840.90

# **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 64 OF 121

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NeCastro, Timothy, G, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SVP Regional Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3287.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163175**

Amount of Each Receipt this Period

346.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. O'Connell, Timothy, J, ,**

Mailing Address 3541 JOSEPH DR

City  
ERIE

State  
PA

Zip Code  
16506-6033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Project Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624171**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. O'Connell, Timothy, J, ,**

Mailing Address 3541 JOSEPH DR

City  
ERIE

State  
PA

Zip Code  
16506-6033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Project Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925262**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

506.00

# **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 65 OF 121

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. O'Connell, Timothy, J. ,**

Mailing Address 3541 JOSEPH DR

City  
ERIE

State  
PA

Zip Code  
16506-6033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Project Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163283**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Page, Gregory, C. ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Regional Claims Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624173**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Page, Gregory, C. ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP & Regional Claims Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925264**

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

320.00

# **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 66 OF 121

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Page, Gregory, C, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP & Regional Claims Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163285**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pekelnicky, Denise, , ,**

Mailing Address 100 Erie Insurance Place

City  
Erie

State  
PA

Zip Code  
16530-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Indemnity Company

Occupation (for Individual)

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624105**

Amount of Each Receipt this Period

40.95

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pekelnicky, Denise, , ,**

Mailing Address 100 Erie Insurance Place

City  
Erie

State  
PA

Zip Code  
16530-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Indemnity Company

Occupation (for Individual)

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

347.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925348**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

202.95

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

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pekelnicky, Denise, , ,**

Mailing Address 100 Erie Insurance Place

City  
Erie

State  
PA

Zip Code  
16530-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Indemnity Company

Occupation (for Individual)

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163211**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Peoples, Waylon, , ,**

Mailing Address 5515 GRUBB RD

City  
ERIE

State  
PA

Zip Code  
16506-4616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Appointed Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925294**

Amount of Each Receipt this Period

42.74

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Peoples, Waylon, , ,**

Mailing Address 5515 GRUBB RD

City  
ERIE

State  
PA

Zip Code  
16506-4616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Appointed Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

256.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163259**

Amount of Each Receipt this Period

42.74

☐ Memo Item

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

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

127.48

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

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pfadt, Sue, A, ,**

Mailing Address 5811 SOUTHLAND DR

City  
ERIE

State  
PA

Zip Code  
16509-7817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Counsel II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 26 / 2018

**Transaction ID : A2018-1624116**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pfadt, Sue, A, ,**

Mailing Address 5811 SOUTHLAND DR

City  
ERIE

State  
PA

Zip Code  
16509-7817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Counsel II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY  
08 / 21 / 2018

**Transaction ID : A2018-1925359**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pfadt, Sue, A, ,**

Mailing Address 5811 SOUTHLAND DR

City  
ERIE

State  
PA

Zip Code  
16509-7817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Counsel II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

MM / DD / YYYY  
09 / 21 / 2018

**Transaction ID : A2018-2163222**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Postema, Bradley, G, ,**

Mailing Address 5701 DOBLER RD

City  
GIRARD

State  
PA

Zip Code  
16417-8768

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SVP & Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1911.30

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624198**

Amount of Each Receipt this Period

257.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Postema, Bradley, G, ,**

Mailing Address 5701 DOBLER RD

City  
GIRARD

State  
PA

Zip Code  
16417-8768

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SVP & Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2168.64

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925289**

Amount of Each Receipt this Period

257.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Postema, Bradley, G, ,**

Mailing Address 5701 DOBLER RD

City  
GIRARD

State  
PA

Zip Code  
16417-8768

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SVP & Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2425.98

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163310**

Amount of Each Receipt this Period

257.34

☐ Memo Item

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

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

772.02

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Putnam, Andrew, G, ,

Mailing Address 1722 GRIST MILL DR

City  
NORTH EAST

State  
PA

Zip Code  
16428-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
IT Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624118

Amount of Each Receipt this Period

59.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Putnam, Andrew, G, ,

Mailing Address 1722 GRIST MILL DR

City  
NORTH EAST

State  
PA

Zip Code  
16428-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
IT Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.11

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925361

Amount of Each Receipt this Period

59.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Putnam, Andrew, G, ,

Mailing Address 1722 GRIST MILL DR

City  
NORTH EAST

State  
PA

Zip Code  
16428-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
IT Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

563.77

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163224

Amount of Each Receipt this Period

59.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

178.98

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

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

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reichert, Kim, L, ,**

Mailing Address 5820 FOREST XING

City  
ERIE

State  
PA

Zip Code  
16506-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SSV--Recruiting

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  
07 / 26 / 2018

**Transaction ID : A2018-1624162**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reichert, Kim, L, ,**

Mailing Address 5820 FOREST XING

City  
ERIE

State  
PA

Zip Code  
16506-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SSV--Recruiting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925253**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reichert, Kim, L, ,**

Mailing Address 5820 FOREST XING

City  
ERIE

State  
PA

Zip Code  
16506-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SSV--Recruiting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163274**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

110.00

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

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rioux, David, J, ,

Mailing Address 2410 GLORY DR

City  
WATERFORDState  
PAZip Code  
16441-5404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP Corporate Security

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  
07 / 26 / 2018

Transaction ID : A2018-1624103

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rioux, David, J, ,

Mailing Address 2410 GLORY DR

City  
WATERFORDState  
PAZip Code  
16441-5404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP Corporate Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925346

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rioux, David, J, ,

Mailing Address 2410 GLORY DR

City  
WATERFORDState  
PAZip Code  
16441-5404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP Corporate Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163209

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

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

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

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rogers, Belinda, J, ,**

Mailing Address 658 W 6TH ST

City  
ERIE

State  
PA

Zip Code  
16507-1173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Counsel I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.65

Date of Receipt

07 / 26 / 2018

**Transaction ID : A2018-1624195**

Amount of Each Receipt this Period

78.72

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rogers, Belinda, J, ,**

Mailing Address 658 W 6TH ST

City  
ERIE

State  
PA

Zip Code  
16507-1173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Counsel I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.37

Date of Receipt

08 / 21 / 2018

**Transaction ID : A2018-1925286**

Amount of Each Receipt this Period

78.72

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rogers, Belinda, J, ,**

Mailing Address 658 W 6TH ST

City  
ERIE

State  
PA

Zip Code  
16507-1173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Counsel I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

742.09

Date of Receipt

09 / 21 / 2018

**Transaction ID : A2018-2163307**

Amount of Each Receipt this Period

78.72

☐ Memo Item

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

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

236.16

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rogers, Mary, B, ,**

Mailing Address 5938 SHADY HOLLOW DR

City  
ERIE

State  
PA

Zip Code  
16506-7032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir EPMO Center of Competency

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624075**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rogers, Mary, B, ,**

Mailing Address 5938 SHADY HOLLOW DR

City  
ERIE

State  
PA

Zip Code  
16506-7032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir EPMO Center of Competency

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925318**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rogers, Mary, B, ,**

Mailing Address 5938 SHADY HOLLOW DR

City  
ERIE

State  
PA

Zip Code  
16506-7032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir EPMO Center of Competency

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163181**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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

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for each category of the  
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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rucker, Sheryl, A, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1358.38

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624134**

Amount of Each Receipt this Period

192.32

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rucker, Sheryl, A, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.70

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925225**

Amount of Each Receipt this Period

192.32

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rucker, Sheryl, A, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1743.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163240**

Amount of Each Receipt this Period

192.32

☐ Memo Item

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

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

576.96

# **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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rugare, Karen, A, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624175**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rugare, Karen, A, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925266**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rugare, Karen, A, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163287**

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

360.00

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

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

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(check only one)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sabo, Dale, , ,**

Mailing Address 1236 N HICKORY LN

City  
EAST PEORIA

State  
IL

Zip Code  
61611-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Property Claims Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624117**

Amount of Each Receipt this Period

52.60

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sabo, Dale, , ,**

Mailing Address 1236 N HICKORY LN

City  
EAST PEORIA

State  
IL

Zip Code  
61611-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Property Claims Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925360**

Amount of Each Receipt this Period

52.60

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sabo, Dale, , ,**

Mailing Address 1236 N HICKORY LN

City  
EAST PEORIA

State  
IL

Zip Code  
61611-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Property Claims Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163223**

Amount of Each Receipt this Period

52.60

☐ Memo Item

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

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

157.80

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

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

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schoenig, Bridget, H, ,

Mailing Address 5122 ROBINHOOD LN

City  
ERIEState  
PAZip Code  
16509-2561FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1089.10

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624127

Amount of Each Receipt this Period

146.64

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schoenig, Bridget, H, ,

Mailing Address 5122 ROBINHOOD LN

City  
ERIEState  
PAZip Code  
16509-2561FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.74

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925370

Amount of Each Receipt this Period

146.64

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schoenig, Bridget, H, ,

Mailing Address 5122 ROBINHOOD LN

City  
ERIEState  
PAZip Code  
16509-2561FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1382.38

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163233

Amount of Each Receipt this Period

146.64

☐ Memo Item

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

439.92

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

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

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

FOR LINE NUMBER: PAGE 79 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shine, Sarah, J, ,

Mailing Address 6015 PEBBLE CREEK DR

City  
FAIRVIEWState  
PAZip Code  
16415-3265FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Commercial Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1424.61

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624079

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shine, Sarah, J, ,

Mailing Address 6015 PEBBLE CREEK DR

City  
FAIRVIEWState  
PAZip Code  
16415-3265FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Commercial Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.61

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925322

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shine, Sarah, J, ,

Mailing Address 6015 PEBBLE CREEK DR

City  
FAIRVIEWState  
PAZip Code  
16415-3265FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Commercial Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1844.61

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163185

Amount of Each Receipt this Period

210.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

630.00

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Siegrist, Erin, E, ,

Mailing Address 2302 HUNTERS RIDGE DR

City  
ERIE

State  
PA

Zip Code  
16510-6322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Director Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624146

Amount of Each Receipt this Period

93.44

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Siegrist, Erin, E, ,

Mailing Address 2302 HUNTERS RIDGE DR

City  
ERIE

State  
PA

Zip Code  
16510-6322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Director Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

788.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925237

Amount of Each Receipt this Period

93.44

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Siegrist, Erin, E, ,

Mailing Address 2302 HUNTERS RIDGE DR

City  
ERIE

State  
PA

Zip Code  
16510-6322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Director Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

881.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163252

Amount of Each Receipt this Period

93.44

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

280.32

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stoik, James, P, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1481.75

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624145**

Amount of Each Receipt this Period

199.72

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stoik, James, P, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1681.47

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925236**

Amount of Each Receipt this Period

199.72

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stoik, James, P, ,**

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1881.19

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163251**

Amount of Each Receipt this Period

199.72

☐ Memo Item

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

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

599.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tesore, Kathy, L, ,**

Mailing Address 8740 PEPPER RD

City  
FAIRVIEWState  
PAZip Code  
16415-2917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
Portfolio Mgr External Invest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

**Transaction ID : A2018-1624180**

Amount of Each Receipt this Period

31.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tesore, Kathy, L, ,**

Mailing Address 8740 PEPPER RD

City  
FAIRVIEWState  
PAZip Code  
16415-2917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
Portfolio Mgr External Invest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2018

**Transaction ID : A2018-1925271**

Amount of Each Receipt this Period

31.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tesore, Kathy, L, ,**

Mailing Address 8740 PEPPER RD

City  
FAIRVIEWState  
PAZip Code  
16415-2917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
Portfolio Mgr External Invest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

298.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

**Transaction ID : A2018-2163292**

Amount of Each Receipt this Period

31.62

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

94.86

**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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tirpak, Jacqueline, M, ,**

Mailing Address 6448 HEARTHSTONE LN

City  
ERIE

State  
PA

Zip Code  
16505-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP & Claims Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.08

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624068**

Amount of Each Receipt this Period

90.90

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tirpak, Jacqueline, M, ,**

Mailing Address 6448 HEARTHSTONE LN

City  
ERIE

State  
PA

Zip Code  
16505-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP & Claims Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.98

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925311**

Amount of Each Receipt this Period

90.90

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tirpak, Jacqueline, M, ,**

Mailing Address 6448 HEARTHSTONE LN

City  
ERIE

State  
PA

Zip Code  
16505-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP & Claims Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

770.88

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163174**

Amount of Each Receipt this Period

90.90

☐ Memo Item

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

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

272.70

# **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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walton, Glen, D, ,**

Mailing Address 104 ROSS ST

City  
ELKTON

State  
MD

Zip Code  
21921-6114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Property Claims Reinspector

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.21

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925229**

Amount of Each Receipt this Period

18.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walton, Glen, D, ,**

Mailing Address 104 ROSS ST

City  
ELKTON

State  
MD

Zip Code  
21921-6114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Property Claims Reinspector

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163244**

Amount of Each Receipt this Period

18.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weisenbach, Bradley, S, ,**

Mailing Address 2851 N BIRCH RUN

City  
ERIE

State  
PA

Zip Code  
16506-5057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
Dir Products & Services FP&A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624094**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

86.54

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weisenbach, Bradley, S, ,**

Mailing Address 2851 N BIRCH RUN

City  
ERIE

State  
PA

Zip Code  
16506-5057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Products & Services FP&A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 21 / 2018

**Transaction ID : A2018-1925337**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weisenbach, Bradley, S, ,**

Mailing Address 2851 N BIRCH RUN

City  
ERIE

State  
PA

Zip Code  
16506-5057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Products & Services FP&A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 21 / 2018

**Transaction ID : A2018-2163200**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wieser, Gregory, A, ,**

Mailing Address 4644 STATE ST

City  
ERIE

State  
PA

Zip Code  
16509-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.44

Date of Receipt

08 / 21 / 2018

**Transaction ID : A2018-1925375**

Amount of Each Receipt this Period

25.24

☐ Memo Item

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

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

125.24

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wieser, Gregory, A, ,**

Mailing Address 4644 STATE ST

City  
ERIE

State  
PA

Zip Code  
16509-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Dir Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.68

Date of Receipt

09 / 21 / 2018

**Transaction ID : A2018-2163238**

Amount of Each Receipt this Period

25.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilkerson, Joseph, M, ,**

Mailing Address 2541 PISCES CT

City  
DUBLIN

State  
OH

Zip Code  
43016-9039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Field Cmrl Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

07 / 26 / 2018

**Transaction ID : A2018-1624119**

Amount of Each Receipt this Period

28.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilkerson, Joseph, M, ,**

Mailing Address 2541 PISCES CT

City  
DUBLIN

State  
OH

Zip Code  
43016-9039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Field Cmrl Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

242.86

Date of Receipt

08 / 21 / 2018

**Transaction ID : A2018-1925362**

Amount of Each Receipt this Period

28.86

☐ Memo Item

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

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

82.96

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilkerson, Joseph, M, ,**

Mailing Address 2541 PISCES CT

City  
DUBLIN

State  
OH

Zip Code  
43016-9039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Field Cmrl Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.72

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163225**

Amount of Each Receipt this Period

28.86

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Witkowsky, James, J, ,**

Mailing Address 4066 MAGNOLIA BLOSSOM DR

City  
ERIE

State  
PA

Zip Code  
16510-6650

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Claims Refresh Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624154**

Amount of Each Receipt this Period

72.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Witkowsky, James, J, ,**

Mailing Address 4066 MAGNOLIA BLOSSOM DR

City  
ERIE

State  
PA

Zip Code  
16510-6650

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Claims Refresh Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

612.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925245**

Amount of Each Receipt this Period

72.00

☐ Memo Item

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

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

172.86

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Witkowsky, James, J, ,**

Mailing Address 4066 MAGNOLIA BLOSSOM DR

City  
ERIE

State  
PA

Zip Code  
16510-6650

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Claims Refresh Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163266**

Amount of Each Receipt this Period

72.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wohlrabe, Shane, T, ,**

Mailing Address 406 VERMONT AVE

City  
ERIE

State  
PA

Zip Code  
16505-2336

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Claims Refresh Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.78

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624201**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wohlrabe, Shane, T, ,**

Mailing Address 406 VERMONT AVE

City  
ERIE

State  
PA

Zip Code  
16505-2336

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Claims Refresh Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

715.78

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925292**

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

312.00

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wohlraabe, Shane, T, ,

Mailing Address 406 VERMONT AVE

City  
ERIEState  
PAZip Code  
16505-2336FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

Claims Refresh Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.78

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163313

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yousefnejad, Christy, S, ,

Mailing Address 1022 W STERLINGTON PL

City  
APEXState  
NCZip Code  
27502-8938FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP &amp; Claims Manager I

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  
07 / 26 / 2018

Transaction ID : A2018-1624185

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yousefnejad, Christy, S, ,

Mailing Address 1022 W STERLINGTON PL

City  
APEXState  
NCZip Code  
27502-8938FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP &amp; Claims Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925276

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

280.00

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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Yousefnejad, Christy, S, ,**

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 (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP & Claims Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 21 / 2018

**Transaction ID : A2018-2163297**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zehr, Robert, J, ,**

Mailing Address 13130 KLINE RD

City

EDINBORO

State

PA

Zip Code

16412-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Enterprise Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 26 / 2018

**Transaction ID : A2018-1624130**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zehr, Robert, J, ,**

Mailing Address 13130 KLINE RD

City

EDINBORO

State

PA

Zip Code

16412-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Erie Insurance Group

Occupation (for Individual)

VP Enterprise Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 21 / 2018

**Transaction ID : A2018-1925373**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

280.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC - Federal**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zehr, Robert, J, ,**

Mailing Address 13130 KLINE RD

City  
EDINBORO

State  
PA

Zip Code  
16412-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Enterprise Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : A2018-2163236**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zimmer, Christopher, J, ,**

Mailing Address 9262 HAMOT RD

City  
WATERFORD

State  
PA

Zip Code  
16441-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SVP Field Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.70

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : A2018-1624112**

Amount of Each Receipt this Period

110.36

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zimmer, Christopher, J, ,**

Mailing Address 9262 HAMOT RD

City  
WATERFORD

State  
PA

Zip Code  
16441-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SVP Field Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

930.06

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

**Transaction ID : A2018-1925355**

Amount of Each Receipt this Period

110.36

☐ Memo Item

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

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

320.72

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

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

FOR LINE NUMBER: PAGE 92 OF 121

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zimmer, Christopher, J, ,

Mailing Address 9262 HAMOT RD

City  
WATERFORD

State  
PA

Zip Code  
16441-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
SVP Field Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.42

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163218

Amount of Each Receipt this Period

110.36

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zimmerman, Gregory, , ,

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Ltgn/Claims Examination

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.67

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2018

Transaction ID : A2018-1624169

Amount of Each Receipt this Period

137.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zimmerman, Gregory, , ,

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 (for Individual)  
Erie Insurance Group

Occupation (for Individual)  
VP Ltgn/Claims Examination

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

754.93

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : A2018-1925260

Amount of Each Receipt this Period

137.26

☐ Memo Item

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

384.88

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

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zimmerman, Gregory, , ,

Mailing Address 5150 LA RAE DR.

City  
ERIEState  
PAZip Code  
16506FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erie Insurance GroupOccupation (for Individual)  
VP Ltgn/Claims Examination

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

892.19

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : A2018-2163281

Amount of Each Receipt this Period

137.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

137.26

27128.12

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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. Friends of Sherrod Brown**

Mailing Address PO Box 15293

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Brown, Sherrod, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2018

FEC Identification Number

**C** C00264697**Transaction ID : B700113**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Kelly for Congress**

Mailing Address PO Box 476

City  
LyndoraState  
PAZip Code  
16045Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Kelly, George J. (Mike), , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2018

FEC Identification Number

**C** C00474189**Transaction ID : B700110**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Patriots for Perry**

Mailing Address PO Box 147

City  
Red LionState  
PAZip Code  
17356Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Perry, Scott, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2018

FEC Identification Number

**C** C00510164**Transaction ID : B700112**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 95 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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**

Full Name (Last, First, Middle Initial)

**A. Rick Scott for Florida**

Mailing Address P.O. Box 3791

City  
TallahasseeState  
FLZip Code  
32315Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Scott, Rick, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2018

FEC Identification Number

**C** C00676965**Transaction ID : B700114**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ron DiNicola for Congress**

Mailing Address 229 Maryland Avenue

City  
ErieState  
PAZip Code  
16505Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**DiNicola, Ron, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2018

FEC Identification Number

**C** C00673350**Transaction ID : B700111**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Guy for Congress**

Mailing Address PO Box 23177

City  
PittsburghState  
PAZip Code  
15222Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Reschenthaler, Guy, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

FEC Identification Number

**C** C00657833**Transaction ID : B701181**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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**

Full Name (Last, First, Middle Initial)

**A. Protect the House**

Mailing Address 320 First Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	8		

FEC Identification Number

C C00669622

**Transaction ID : B703659**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. InsurPAC (Ind. Ins. Agents & Brokers PAC)**

Mailing Address 20 F Street NW Suite 610

City  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	8		

FEC Identification Number

C C00022343

**Transaction ID : B706388**

Amount of Each Disbursement this Period

2500.00

☐ 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

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

19500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Kenyan McDuffie 2018**

Mailing Address 2609 North Capitol Street NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
O-2018 City Council 05 DC

011

Category/  
Type

Candidate Name

**McDuffie, Kenyan, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: DC

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

FEC Identification Number

C

**Transaction ID : B704324**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Camille Y. Lilly**

Mailing Address 7115 W. North Avenue PO Box 260

City  
Oak ParkState  
ILZip Code  
60302Purpose of Disbursement  
G-2018 State House 78 IL

011

Category/  
Type

Candidate Name

**Lilly, Camille, Y, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify)

State: IL

District: 78

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

FEC Identification Number

C

**Transaction ID : B697999**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Dan Brady**

Mailing Address 2425 East Lincoln Street

City  
BloomingtonState  
ILZip Code  
61701Purpose of Disbursement  
G-2018 State House 105 IL

011

Category/  
Type

Candidate Name

**Brady, Dan, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

FEC Identification Number

C

**Transaction ID : B704332**

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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 Michael E. Hastings**

Mailing Address P.O. Box 162

City  
Tinley ParkState  
ILZip Code  
60477Purpose of Disbursement  
P-2020 State Senate 19 IL

011

Category/  
Type

Candidate Name

**Hastings, Michael, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 19

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C

**Transaction ID : B704330**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Unes**

Mailing Address P.O. Box 8171

City  
East PeoriaState  
ILZip Code  
61611Purpose of Disbursement  
G-2018 State House 91 IL

011

Category/  
Type

Candidate Name

**Unes, Mike, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 91

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C

**Transaction ID : B704331**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cmte to Elect Brian Bosma**

Mailing Address PO Box 122

City  
IndianapolisState  
INZip Code  
46206Purpose of Disbursement  
G-2018 State House 88 IN

011

Category/  
Type

Candidate Name

**Bosma, Brian C., , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 88

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	8		

FEC Identification Number

C

**Transaction ID : B701156**

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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. VoteCarbaugh**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Mailing Address 200 W. Washington Street

City  
IndianapolisState  
INZip Code  
46204Purpose of Disbursement  
G-2018 State House 81 IN

011

Category/  
Type

Candidate Name

**Carbaugh, Martin, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 81

FEC Identification Number

C

**Transaction ID : B701157**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bob Heaton for State Rep Cmte**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Mailing Address P.O. Box 9629

City  
Terre HauteState  
INZip Code  
47808Purpose of Disbursement  
G-2018 State House 46 IN

011

Category/  
Type

Candidate Name

**Heaton, Bob, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 46

FEC Identification Number

C

**Transaction ID : B701159**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Matt Lehman for State Representative**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Mailing Address 663 Lehman

City  
BerneState  
INZip Code  
46711Purpose of Disbursement  
G-2018 State House 79 IN

011

Category/  
Type

Candidate Name

**Lehman, Matt, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 79

FEC Identification Number

C

**Transaction ID : B701155**

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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 Elect Kevin Mahan State**

Mailing Address 305 E Fairlane Drive

City  
Hartford CityState  
INZip Code  
47348Purpose of Disbursement  
G-2018 State House 31 IN

011

Category/  
Type

Candidate Name

**Mahan, Kevin, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

FEC Identification Number

C

**Transaction ID : B701158**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Vote Chip Perfect**

Mailing Address 19074 Perfect Lane

City  
LawrenceburgState  
INZip Code  
47025Purpose of Disbursement  
G-2018 State Senate 43 IN

011

Category/  
Type

Candidate Name

**Perfect, Chip, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 43

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

FEC Identification Number

C

**Transaction ID : B701160**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Raatz for Indiana State Senate Committee**

Mailing Address P.O. Box 372

City  
CentervilleState  
INZip Code  
47330Purpose of Disbursement  
G-2018 State Senate 27 IN

011

Category/  
Type

Candidate Name

**Raatz, Jeff, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

FEC Identification Number

C

**Transaction ID : B701161**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Mike Gaskill for Indiana**

Mailing Address 6838 S 50 W

City  
PendletonState  
INZip Code  
46064Purpose of Disbursement  
G-2018 State Senate 26 IN

011

Category/  
Type

Candidate Name

**Gaskill, Mike, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: IN

District: 26

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	4				2	0	1	8

FEC Identification Number

C

**Transaction ID : B704320**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tom Buford for State Senate**

Mailing Address 409 W. Maple Street

City  
NicholasvilleState  
KYZip Code  
40356Purpose of Disbursement  
G-2018 State Senate 22 KY

011

Category/  
Type

Candidate Name

**Buford, Tom, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: KY

District: 22

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	5				2	0	1	8

FEC Identification Number

C

**Transaction ID : B701165**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jared Carpenter for State Senate**

Mailing Address 138 Legacy Dr.

City  
BereaState  
KYZip Code  
40403Purpose of Disbursement  
G-2018 State Senate 34 KY

011

Category/  
Type

Candidate Name

**Carpenter, Jared, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: KY

District: 34

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	5				2	0	1	8

FEC Identification Number

C

**Transaction ID : B701166**

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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Joseph M. Fischer Campaign Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Mailing Address 11 Robannette Court

City  
Ft. ThomasState  
KYZip Code  
41075Purpose of Disbursement  
G-2018 State House 68 KY

011

Category/  
Type

Candidate Name

**Fischer, Joseph, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 68

FEC Identification Number

C

**Transaction ID : B701164**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rick Girdler for State Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Mailing Address 58 Lake Pointe Drive

City  
SomersetState  
KYZip Code  
42503Purpose of Disbursement  
P-2020 State Senate 15 KY

011

Category/  
Type

Candidate Name

**Girdler, Rick, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 15

FEC Identification Number

C

**Transaction ID : B701200**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeff Greer for State Representative**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Mailing Address 2125 Hwy 79

City  
BrandenbergState  
KYZip Code  
40108Purpose of Disbursement  
G-2018 State House 27 KY

011

Category/  
Type

Candidate Name

**Greer, Jeff, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 27

FEC Identification Number

C

**Transaction ID : B701163**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Bart Rowland for State Representative**

Mailing Address PO Box 336

City  
TompkinsvilleState  
KYZip Code  
42167Purpose of Disbursement  
G-2018 State House 21 KY

011

Category/  
Type

Candidate Name

**Rowland, Bart, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY

District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
09	/	05	/	2018

FEC Identification Number

C

**Transaction ID : B701162**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Mike Busch**

Mailing Address P.O. Box 2241

City  
AnnapolisState  
MDZip Code  
21404Purpose of Disbursement  
O-2018 State House 30A MD

011

Category/  
Type

Candidate Name

**Busch, Mike, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

State: MD

District: 30

Election Cycle

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
07	/	31	/	2018

FEC Identification Number

C

**Transaction ID : B697980**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Dereck Davis**

Mailing Address 17 W. Courtland St. #210

City  
Bel AirState  
MDZip Code  
21014Purpose of Disbursement  
O-2018 State House 25 MD

011

Category/  
Type

Candidate Name

**Davis, Dereck, E, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

State: MD

District: 25

Election Cycle

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
07	/	31	/	2018

FEC Identification Number

C

**Transaction ID : B697982**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 Delores Kelley**

Mailing Address P.O. Box 21514

City  
BaltimoreState  
MDZip Code  
21282Purpose of Disbursement  
O-2018 State Senate 10 MD

011

Category/  
Type

Candidate Name

**Kelley, Delores, G, ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: MD

District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

FEC Identification Number

C

Transaction ID : B697997

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Warren E. Miller**

Mailing Address 4580 Ten Oaks Road

City  
DaytonState  
MDZip Code  
21036Purpose of Disbursement  
O-2018 State House 9A MD

011

Category/  
Type

Candidate Name

**Miller, Warren E., , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: MD

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

FEC Identification Number

C

Transaction ID : B697983

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Ed Reilly**

Mailing Address P.O. Box 3803

City  
CroftonState  
MDZip Code  
21114Purpose of Disbursement  
O-2018 State Senate 33 MD

011

Category/  
Type

Candidate Name

**Reilly, Ed, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: MD

District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

FEC Identification Number

C

Transaction ID : B697984

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1750.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 Jeff Waldstreicher**

Mailing Address 10510 Parkwood Drive

City  
KensingtonState  
MDZip Code  
20895Purpose of Disbursement  
O-2018 State Senate 18 MD

011

Category/  
Type

Candidate Name

**Waldstreicher, Jeff, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: MD

District: 18

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	8		

FEC Identification Number

C

**Transaction ID : B703601**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Luke Clippinger for Delegate**

Mailing Address P.O. Box 6311

City  
BaltimoreState  
MDZip Code  
21230Purpose of Disbursement  
O-2018 State House 46 MD

011

Category/  
Type

Candidate Name

**Clippinger, Luke, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: MD

District: 46

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C

**Transaction ID : B704326**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hogan for Governor**

Mailing Address PO Box 6559

City  
AnnapolisState  
MDZip Code  
21401Purpose of Disbursement  
O-2018 Governor MD

011

Category/  
Type

Candidate Name

**Hogan, Larry, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: MD

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C

**Transaction ID : B704379**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Phil Berger Campaign**

Mailing Address P.O. Box 1309

City  
EdenState  
NCZip Code  
27289Purpose of Disbursement  
G-2018 State Senate 30 NC

011

Category/  
Type

Candidate Name

**Berger, Phillip, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: NC

District: 30

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C

**Transaction ID : B704385**

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Dan Blue**

Mailing Address P.O. Box 287

City  
RaleighState  
NCZip Code  
27602Purpose of Disbursement  
G-2018 State Senate 14 NC

011

Category/  
Type

Candidate Name

**Blue, Daniel, T, , Jr.**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: NC

District: 14

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C

**Transaction ID : B704389**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Harry Brown for NC Senate**

Mailing Address P.O. Box 520

City  
JacksonvilleState  
NCZip Code  
28540Purpose of Disbursement  
G-2018 State Senate 06 NC

011

Category/  
Type

Candidate Name

**Brown, Harry, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: NC

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C

**Transaction ID : B704386**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1750.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Bumgardner for NC House**

Mailing Address PO Box 550072

City  
GastoniaState  
NCZip Code  
28055Purpose of Disbursement  
G-2018 State House 109 NC

011

Category/  
Type

Candidate Name

**Bumgardner, Dana, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

FEC Identification Number

C

**Transaction ID : B704382**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to elect Becky Carney**

Mailing Address 831 Queens Road

City  
CharlotteState  
NCZip Code  
28207Purpose of Disbursement  
G-2018 State House 102 NC

011

Category/  
Type

Candidate Name

**Carney, Becky, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

FEC Identification Number

C

**Transaction ID : B704383**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Josh Dobson for NC House Committee**

Mailing Address 649 South Creek Road

City  
NeboState  
NCZip Code  
28761Purpose of Disbursement  
G-2018 State House 85 NC

011

Category/  
Type

Candidate Name

**Dobson, Josh, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 85

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

FEC Identification Number

C

**Transaction ID : B704384**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Gunn for North Carolina Senate**

Mailing Address P.O. Box 308

City  
BurlingtonState  
NCZip Code  
27216Purpose of Disbursement  
G-2018 State Senate 24 NC

011

Category/  
Type

Candidate Name

**Gunn, Rick, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

FEC Identification Number

C

**Transaction ID : B704390**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. McKissick for N.C. Senate**

Mailing Address P.O. Box 51608

City  
DurhamState  
NCZip Code  
27717Purpose of Disbursement  
G-2018 State Senate 20 NC

011

Category/  
Type

Candidate Name

**McKissick, Floyd, B, , Jr.**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

FEC Identification Number

C

**Transaction ID : B704388**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wesley Meredith for Senate**

Mailing Address P.O. Box 27398

City  
FayettevilleState  
NCZip Code  
28314Purpose of Disbursement  
G-2018 State Senate 19 NC

011

Category/  
Type

Candidate Name

**Meredith, Wesley, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

FEC Identification Number

C

**Transaction ID : B704387**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 Elect Tim Moore**

Mailing Address 305 E King St

City  
Kings MountainState  
NCZip Code  
28086Purpose of Disbursement  
G-2018 State House 111 NC

011

Category/  
Type

Candidate Name

**Moore, Tim, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

FEC Identification Number

C

**Transaction ID : B704380**

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mitchell Setzer Campaign**

Mailing Address P/O Box 416

City  
CatawbaState  
NCZip Code  
28609Purpose of Disbursement  
G-2018 State House 89 NC

011

Category/  
Type

Candidate Name

**Setzer, Mitchell, S, ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 89

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

FEC Identification Number

C

**Transaction ID : B704381**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LaTourette for Ohio**

Mailing Address 13009 Kenyon Drive (P.O. Box 76)

City  
ChesterlandState  
OHZip Code  
44026Purpose of Disbursement  
G-2018 State House 76 OH

011

Category/  
Type

Candidate Name

**LaTourette, Sarah, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 76

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

FEC Identification Number

C

**Transaction ID : B701168**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1750.00

**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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 Matt Dolan**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Mailing Address 2206 Superior Viaduct Suite 401

City  
ClevelandState  
OHZip Code  
44113Purpose of Disbursement  
P-2020 State Senate 24 OH

011

Category/  
Type

Candidate Name

**Dolan, Matt, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District: 24

FEC Identification Number

C

**Transaction ID : B704340**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Steve Wilson for Ohio**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Mailing Address 102 East Orchard Avenue

City  
LebanonState  
OHZip Code  
45036Purpose of Disbursement  
G-2018 State Senate 07 OH

011

Category/  
Type

Candidate Name

**Wilson, Steven, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH

District: 07

FEC Identification Number

C

**Transaction ID : B704341**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. McPAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Mailing Address P.O. Box 331983

City  
NashvilleState  
TNZip Code  
37203Purpose of Disbursement  
State PAC

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Not Applicable

FEC Identification Number

C

**Transaction ID : B701177**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. BowPAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

Mailing Address P.O. Box 2059

City  
HixsonState  
TNZip Code  
37343Purpose of Disbursement  
State PAC

011

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Not Applicable

FEC Identification Number

C

Transaction ID : B701178

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Johnson Victory PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

Mailing Address 2599 Memorial Drive Ext.

City  
ClarksvilleState  
TNZip Code  
37043Purpose of Disbursement  
State PAC

011

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Not Applicable

FEC Identification Number

C

Transaction ID : B701180

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee for Elect Clark Boyd**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

Mailing Address 104 Mockingbird Lane

City  
LebanonState  
TNZip Code  
37087Purpose of Disbursement  
G-2018 State House 46 TN

011

Candidate Name

**Boyd, Clark, , ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN

District: 46

FEC Identification Number

C

Transaction ID : B701170

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Glen Casada for State Representative**

Mailing Address 3144 Natoma Circle

City  
Thompson StationState  
TNZip Code  
37179Purpose of Disbursement  
G-2018 State House 63 TN

011

Category/  
Type

Candidate Name

**Casada, Glen, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN

District: 63

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

FEC Identification Number

C

**Transaction ID : B701172**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Curcio for State Representative**

Mailing Address P.O. Box 823

City  
DicksonState  
TNZip Code  
37056Purpose of Disbursement  
G-2018 State House 69 TN

011

Category/  
Type

Candidate Name

**Curcio, Michael, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN

District: 69

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

FEC Identification Number

C

**Transaction ID : B701174**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Kelly Keisling**

Mailing Address 1042 Cordell Hull Memorial Drive

City  
ByrdstownState  
TNZip Code  
38549Purpose of Disbursement  
G-2018 State House 38 TN

011

Category/  
Type

Candidate Name

**Keisling, Kelly, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN

District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

FEC Identification Number

C

**Transaction ID : B701175**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

750.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Jason Zachary for State Representative**

Mailing Address 11329 Gates Mill Drive

City  
KnoxvilleState  
TNZip Code  
37934Purpose of Disbursement  
G-2018 State House 14 TN

011

Category/  
Type

Candidate Name

**Zachary, Jason, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN

District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2018

FEC Identification Number

C

**Transaction ID : B701176**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Kirk Cox**

Mailing Address P.O. Box 1205

City  
Colonial HeightsState  
VAZip Code  
23834Purpose of Disbursement  
P-2019 State House 66 VA

011

Category/  
Type

Candidate Name

**Cox, Kirk, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2019

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA

District: 66

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2018

FEC Identification Number

C

**Transaction ID : B704327**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Tim Hugo**

Mailing Address P.O. Box 893

City  
CentrevilleState  
VAZip Code  
20122Purpose of Disbursement  
P-2019 State House 40 VA

011

Category/  
Type

Candidate Name

**Hugo, Tim D., , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2019

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA

District: 40

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2018

FEC Identification Number

C

**Transaction ID : B704391**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 Thomas Kent Norment Jr.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

Mailing Address P.O. Box 6205

City  
WilliamsburgState  
VAZip Code  
23188Purpose of Disbursement  
P-2019 State Senate 03 VA

011

Candidate Name

**Norment, Thomas, K, ,**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2019

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 03

FEC Identification Number

C

**Transaction ID : B704393**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of David Yancey**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

Mailing Address 423 Pin Oak Rd

City  
Newport NewsState  
VAZip Code  
23601Purpose of Disbursement  
P-2019 State House 94 VA

011

Candidate Name

**Yancey, David, , ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2019

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 94

FEC Identification Number

C

**Transaction ID : B704392**

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for August**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

Mailing Address P.O. Box 572

City  
DelavanState  
WIZip Code  
53115Purpose of Disbursement  
O-2018 State House 32 WI

011

Candidate Name

**August, Tyler, , ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

State: WI District: 32

Election Cycle

FEC Identification Number

C

**Transaction ID : B704343**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1750.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Petersen-Republican for 40th Assembly**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

Mailing Address P.O. Box 227

City  
WaupacaState  
WIZip Code  
54981Purpose of Disbursement  
O-2018 State House 40 WI

011

Category/  
Type

Candidate Name

**Petersen, Kevin, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

State: WI

District: 40

Election Cycle

FEC Identification Number

C

**Transaction ID : B704345**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Azinger for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

Mailing Address 1007 51st Street

City  
ViennaState  
WVZip Code  
26105Purpose of Disbursement  
G-2018 State Senate 03 WV

011

Category/  
Type

Candidate Name

**Azinger, Michael, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 03

FEC Identification Number

C

**Transaction ID : B698000**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cmte to Elect Cowles**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

Mailing Address 2612 Martinburg Road

City  
Berkeley SpringsState  
WVZip Code  
25411Purpose of Disbursement  
G-2018 State House 58 WV

011

Category/  
Type

Candidate Name

**Cowles, Daryl, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 58

FEC Identification Number

C

**Transaction ID : B697986**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Espinosa for Delegate**

Mailing Address 107 Hancock Court

City  
Charles TownState  
WVZip Code  
25414Purpose of Disbursement  
G-2018 State House 66 WV

011

Category/  
Type

Candidate Name

**Espinosa, Paul, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 66

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	8		

FEC Identification Number

C

**Transaction ID : B698004**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cmte to Elect Jason S. Harshbarger**

Mailing Address 2251 Oxford Rd

City  
PullmanState  
WVZip Code  
26421Purpose of Disbursement  
G-2018 State House 07 WV

011

Category/  
Type

Candidate Name

**Harshbarger, Jason, S, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	8		

FEC Identification Number

C

**Transaction ID : B698007**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Zack Maynard for House of Delegates**

Mailing Address 42 Frances Creek

City  
HartsState  
WVZip Code  
25524Purpose of Disbursement  
G-2018 State House 22 WV

011

Category/  
Type

Candidate Name

**Maynard, Zack, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 22

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	8		

FEC Identification Number

C

**Transaction ID : B697989**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Rodney Miller 4 House**

Mailing Address 325 1st Street West

City  
MadisonState  
WVZip Code  
25130Purpose of Disbursement  
G-2018 State Delegate 23 WV

011

Category/  
Type

Candidate Name

**Miller, Rodney, A, ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

FEC Identification Number

C

**Transaction ID : B697990**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Moore for West Virginia**

Mailing Address 23 Tanner Court

City  
Harpers FerryState  
WVZip Code  
25425Purpose of Disbursement  
G-2018 State House 67 WV

011

Category/  
Type

Candidate Name

**Moore, Riley, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 67

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

FEC Identification Number

C

**Transaction ID : B697988**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Eric Nelson**

Mailing Address P.O. Box 186

City  
CharlestonState  
WVZip Code  
25321Purpose of Disbursement  
G-2018 State House 35 WV

011

Category/  
Type

Candidate Name

**Nelson, Eric, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

FEC Identification Number

C

**Transaction ID : B697987**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Statler For House**

Mailing Address 97 Long Drain Road

City  
CoreState  
WVZip Code  
26541Purpose of Disbursement  
G-2018 State House 51 WV

011

Category/  
Type

Candidate Name

**Statler, Joe, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

FEC Identification Number

C

**Transaction ID : B698002**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cmte to Elect Stollings St. Sen.**

Mailing Address P.O. Box 365

City  
MadisonState  
WVZip Code  
25130Purpose of Disbursement  
G-2018 State Senate 7 WV

011

Category/  
Type

Candidate Name

**Stollings, Ron, , , MD**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

FEC Identification Number

C

**Transaction ID : B697994**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cmte to Elect Charles Trump**

Mailing Address 171 South Washington Street

City  
Berkeley SpringsState  
WVZip Code  
25411Purpose of Disbursement  
G-2018 State Senate 15 WV

011

Category/  
Type

Candidate Name

**Trump, Charles, , , IV**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

FEC Identification Number

C

**Transaction ID : B697992**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1750.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 Mike Woelfel**

Mailing Address 768 Twin View Lane

City  
HuntingtonState  
WVZip Code  
25704Purpose of Disbursement  
G-2018 State Senate 5 WV

011

Category/  
Type

Candidate Name

**Woelfel, Mike, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2018

FEC Identification Number

C

**Transaction ID : B697995**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends OF Ryan Ferns Committee**

Mailing Address 37 Jenna Way Drive

City  
WheelingState  
WVZip Code  
26003Purpose of Disbursement  
G-2018 State Senate 1 WV

011

Category/  
Type

Candidate Name

**Ferns, Ryan, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2018

FEC Identification Number

C

**Transaction ID : B700918**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gaunch for Senate**

Mailing Address 524 Woodbridge Drive

City  
CharlestonState  
WVZip Code  
25311Purpose of Disbursement  
G-2018 State Senate 08 WV

011

Category/  
Type

Candidate Name

**Gaunch, Ed, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2018

FEC Identification Number

C

**Transaction ID : B700913**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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  
WallbackState  
WVZip Code  
25285Purpose of Disbursement  
G-2018 State House 33 WV

011

Category/  
Type

Candidate Name

**Hanshaw, Roger, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2018

FEC Identification Number

C

**Transaction ID : B700917**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cmte to Elect Eric J. Tarr in Senate**

Mailing Address PO Box 1098

City  
Scott DepotState  
WVZip Code  
25560Purpose of Disbursement  
G-2018 State Senate 04 WV

011

Category/  
Type

Candidate Name

**Tarr, Eric, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2018

FEC Identification Number

C

**Transaction ID : B700915**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Westfall for the House**

Mailing Address 450 S. Church Street

City  
RipleyState  
WVZip Code  
25271Purpose of Disbursement  
G-2018 State House 12 WV

011

Category/  
Type

Candidate Name

**Westfall, Steve, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2018

FEC Identification Number

C

**Transaction ID : B700916**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 Mike Oliverio**

Mailing Address PO Box 214

City  
Bruceton MillsState  
WVZip Code  
26525Purpose of Disbursement  
G-2018 State Senate 13 WV

011

Category/  
Type

Candidate Name

**Oliverio, Michael, , ,**

Office Sought:

☐

House

☒

Senate

☐

President

Disbursement For: 2018

☐

Primary

☒

General

☐

Other (specify) ▼

State: WV

District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

FEC Identification Number

C

**Transaction ID : B704329**

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

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify)

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

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

42000.00