

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Erie Indemnity Company PAC - Federal

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="72351.24"/>	<input type="text" value="72351.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="72351.24"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="57693.68"/>	<input type="text" value="57693.68"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="130044.92"/>	<input type="text" value="130044.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56750.00"/>	<input type="text" value="56750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="73294.92"/>	<input type="text" value="73294.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Erie Indemnity Company PAC - Federal

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42153.94	42153.94
(ii) Unitemized	15539.74	15539.74
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	57693.68	57693.68
(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)	57693.68	57693.68
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))..... ▶	57693.68	57693.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	57693.68	57693.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	27500.00	27500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	29250.00	29250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	56750.00	56750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56750.00	56750.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	57693.68	57693.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57693.68	57693.68
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 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 5123 FLINTLOCK LN

City State Zip Code
 ROANOKE VA 24018-8711

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601491

Amount of Each Receipt this Period
 80.00

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

Mailing Address 5123 FLINTLOCK LN

City State Zip Code
 ROANOKE VA 24018-8711

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792481

Amount of Each Receipt this Period
 80.00

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

Mailing Address 5123 FLINTLOCK LN

City State Zip Code
 ROANOKE VA 24018-8711

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024258

Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00

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

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mark K Banks
Full Name (Last, First, Middle Initial)
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 Erie Insurance Group Occupation VP & Branch Manager IV
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **480.00**

Date of Receipt **06 / 26 / 2015**
Transaction ID : A2015-1350376
Amount of Each Receipt this Period **80.00**

B. David L Bauer
Full Name (Last, First, Middle Initial)
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 Erie Insurance Group Occupation VP Field Life Sales Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 26 / 2015**
Transaction ID : A2015-601452
Amount of Each Receipt this Period **100.00**

C. David L Bauer
Full Name (Last, First, Middle Initial)
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 Erie Insurance Group Occupation VP Field Life Sales Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 24 / 2015**
Transaction ID : A2015-792442
Amount of Each Receipt this Period **100.00**

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 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David L Bauer
 Full Name (Last, First, Middle Initial)
 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 Erie Insurance Group Occupation VP Field Life Sales Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024219
 Amount of Each Receipt this Period
 100.00

B. David L Bauer
 Full Name (Last, First, Middle Initial)
 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 Erie Insurance Group Occupation VP Field Life Sales Mgmt
 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
 06 / 26 / 2015
Transaction ID : A2015-1350337
 Amount of Each Receipt this Period
 100.00

C. David L Bednar
 Full Name (Last, First, Middle Initial)
 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 Erie Insurance Group Occupation VP Executive Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792387
 Amount of Each Receipt this Period
 59.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 259.08
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David L Bednar		Date of Receipt M M / D D / Y Y Y Y Y 05 / 26 / 2015 Transaction ID : A2015-1024164
Mailing Address 8019 W LAKE RD		Amount of Each Receipt this Period 59.08
City FAIRVIEW	State PA	Zip Code 16415-1303
FEC ID number of contributing federal political committee. C	Name of Employer Erie Insurance Group	
Occupation VP Executive Support		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 289.80		

Full Name (Last, First, Middle Initial) B. David L Bednar		Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 Transaction ID : A2015-1350282
Mailing Address 8019 W LAKE RD		Amount of Each Receipt this Period 59.08
City FAIRVIEW	State PA	Zip Code 16415-1303
FEC ID number of contributing federal political committee. C	Name of Employer Erie Insurance Group	
Occupation VP Executive Support		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 348.88		

Full Name (Last, First, Middle Initial) C. Ralph Borneman Jr.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 28 / 2015 Transaction ID : A2015-792374
Mailing Address PO Box 552		Amount of Each Receipt this Period 250.00
City Boyertown	State PA	Zip Code 19512
FEC ID number of contributing federal political committee. C	Name of Employer Erie Insurance Group	
Occupation Director		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional).....▶	368.16
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5603 STONERIDGE DR

City State Zip Code
 FAIRVIEW PA 16415-2243

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

Name of Employer Occupation
 Erie Insurance Group SVP Corporate Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601385

Amount of Each Receipt this Period
 98.00

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

Mailing Address 5603 STONERIDGE DR

City State Zip Code
 FAIRVIEW PA 16415-2243

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

Name of Employer Occupation
 Erie Insurance Group SVP Corporate Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 392.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792376

Amount of Each Receipt this Period
 98.00

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

Mailing Address 5603 STONERIDGE DR

City State Zip Code
 FAIRVIEW PA 16415-2243

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

Name of Employer Occupation
 Erie Insurance Group SVP Corporate Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 490.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024153

Amount of Each Receipt this Period
 98.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 294.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5603 STONERIDGE DR

City State Zip Code
 FAIRVIEW PA 16415-2243

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

Name of Employer Occupation
 Erie Insurance Group SVP Corporate Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350271

Amount of Each Receipt this Period
 98.00

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

Mailing Address 8391 SUN LAKE DR

City State Zip Code
 GIRARD PA 16417-7013

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

Name of Employer Occupation
 Erie Insurance Group VP Corporate Claims Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369110

Amount of Each Receipt this Period
 140.00

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

Mailing Address 8391 SUN LAKE DR

City State Zip Code
 GIRARD PA 16417-7013

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

Name of Employer Occupation
 Erie Insurance Group VP Corporate Claims Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601456

Amount of Each Receipt this Period
 140.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 378.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8391 SUN LAKE DR

City State Zip Code
 GIRARD PA 16417-7013

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

Name of Employer Occupation
 Erie Insurance Group VP Corporate Claims Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792446

Amount of Each Receipt this Period
 140.00

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

Mailing Address 8391 SUN LAKE DR

City State Zip Code
 GIRARD PA 16417-7013

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

Name of Employer Occupation
 Erie Insurance Group VP Corporate Claims Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024223

Amount of Each Receipt this Period
 140.00

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

Mailing Address 8391 SUN LAKE DR

City State Zip Code
 GIRARD PA 16417-7013

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

Name of Employer Occupation
 Erie Insurance Group VP Corporate Claims Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350341

Amount of Each Receipt this Period
 140.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Richard F Burt Jr.

Mailing Address 3710 VOLKMAN RD

City State Zip Code
 ERIE PA 16506-4759

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

Name of Employer Occupation
 Erie Insurance Group EVP Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 307.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : A2015-73039

Amount of Each Receipt this Period
 307.70

Full Name (Last, First, Middle Initial)
B. Richard F Burt Jr.

Mailing Address 3710 VOLKMAN RD

City State Zip Code
 ERIE PA 16506-4759

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

Name of Employer Occupation
 Erie Insurance Group EVP Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 615.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369151

Amount of Each Receipt this Period
 307.70

Full Name (Last, First, Middle Initial)
C. Richard F Burt Jr.

Mailing Address 3710 VOLKMAN RD

City State Zip Code
 ERIE PA 16506-4759

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

Name of Employer Occupation
 Erie Insurance Group EVP Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 923.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601498

Amount of Each Receipt this Period
 307.70

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: PAGE 15 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Richard F Burt Jr.

Mailing Address 3710 VOLKMAN RD

City State Zip Code
 ERIE PA 16506-4759

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

Name of Employer Occupation
 Erie Insurance Group EVP Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1230.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792488

Amount of Each Receipt this Period
 307.70

Full Name (Last, First, Middle Initial)
B. Richard F Burt Jr.

Mailing Address 3710 VOLKMAN RD

City State Zip Code
 ERIE PA 16506-4759

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

Name of Employer Occupation
 Erie Insurance Group EVP Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1538.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024265

Amount of Each Receipt this Period
 307.70

Full Name (Last, First, Middle Initial)
C. Richard F Burt Jr.

Mailing Address 3710 VOLKMAN RD

City State Zip Code
 ERIE PA 16506-4759

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

Name of Employer Occupation
 Erie Insurance Group EVP Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1846.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350383

Amount of Each Receipt this Period
 307.70

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:	PAGE 16 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. Terrence W Cavanaugh		Date of Receipt
Mailing Address 6300 LAKE SHORE DR		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
ERIE	PA	16505-1015
FEC ID number of contributing federal political committee.		Transaction ID : A2015-674420
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Erie Insurance Group	Pres & Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marc Cipriani		Date of Receipt
Mailing Address 5235 ABINGTON WAY		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
ERIE	PA	16506-4647
FEC ID number of contributing federal political committee.		Transaction ID : A2015-1411387
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1500.00"/>
Name of Employer	Occupation	
Erie Insurance Group	SVP Commercial Lines	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Shawn C Cummings		Date of Receipt
Mailing Address 1844 BUXTON WAY		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
BURLINGTON	NC	27215-9435
FEC ID number of contributing federal political committee.		Transaction ID : A2015-601427
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="97.50"/>
Name of Employer	Occupation	
Erie Insurance Group	Dir Strategic Agency Invstmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="286.38"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6597.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 17 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Shawn C Cummings

Mailing Address 1844 BUXTON WAY

City State Zip Code
 BURLINGTON NC 27215-9435

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

Name of Employer Occupation
 Erie Insurance Group Dir Strategic Agency Invstmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 383.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015

Transaction ID : A2015-792417

Amount of Each Receipt this Period
 97.50

Full Name (Last, First, Middle Initial)
B. Shawn C Cummings

Mailing Address 1844 BUXTON WAY

City State Zip Code
 BURLINGTON NC 27215-9435

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

Name of Employer Occupation
 Erie Insurance Group Dir Strategic Agency Invstmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 481.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : A2015-1024194

Amount of Each Receipt this Period
 97.50

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

Mailing Address 1844 BUXTON WAY

City State Zip Code
 BURLINGTON NC 27215-9435

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

Name of Employer Occupation
 Erie Insurance Group Dir Strategic Agency Invstmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 578.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : A2015-1350312

Amount of Each Receipt this Period
 97.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 292.50

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

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

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

FOR LINE NUMBER: PAGE 18 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4891 EQUESTRIAN DR

City State Zip Code
 ERIE PA 16506-6617

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

Name of Employer Occupation
 Erie Insurance Group EVP & Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 307.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015

Transaction ID : A2015-73003

Amount of Each Receipt this Period
 307.70

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

Mailing Address 4891 EQUESTRIAN DR

City State Zip Code
 ERIE PA 16506-6617

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

Name of Employer Occupation
 Erie Insurance Group EVP & Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 615.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : A2015-369115

Amount of Each Receipt this Period
 307.70

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

Mailing Address 4891 EQUESTRIAN DR

City State Zip Code
 ERIE PA 16506-6617

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

Name of Employer Occupation
 Erie Insurance Group EVP & Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 923.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : A2015-601461

Amount of Each Receipt this Period
 307.70

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)	PAGE 19 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Marcia A Dall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4891 EQUESTRIAN DR
 City State Zip Code
 ERIE PA 16506-6617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group EVP & Chief Financial Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1230.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792451
 Amount of Each Receipt this Period
 307.70

B. Marcia A Dall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4891 EQUESTRIAN DR
 City State Zip Code
 ERIE PA 16506-6617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group EVP & Chief Financial Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1538.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024228
 Amount of Each Receipt this Period
 307.70

C. Marcia A Dall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4891 EQUESTRIAN DR
 City State Zip Code
 ERIE PA 16506-6617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group EVP & Chief Financial Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1846.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350346
 Amount of Each Receipt this Period
 307.70

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: PAGE 20 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 4361 COOPER RD

City State Zip Code
 ERIE PA 16510-6621

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

Name of Employer Occupation
 Erie Insurance Group VP Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024172

Amount of Each Receipt this Period
 50.00

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

Mailing Address 4361 COOPER RD

City State Zip Code
 ERIE PA 16510-6621

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

Name of Employer Occupation
 Erie Insurance Group VP Government Relations

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
 06 / 26 / 2015
Transaction ID : A2015-1350290

Amount of Each Receipt this Period
 50.00

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

Mailing Address 344 E 5TH ST

City State Zip Code
 ERIE PA 16507-1608

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024273

Amount of Each Receipt this Period
 50.00

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 344 E 5TH ST

City State Zip Code
ERIE PA 16507-1608

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350391

Amount of Each Receipt this Period
50.00

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

Mailing Address 289 NIAGARA POINT DR

City State Zip Code
ERIE PA 16507-2321

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

Name of Employer Occupation
Erie Insurance Group EVP Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : A2015-72951

Amount of Each Receipt this Period
307.70

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

Mailing Address 289 NIAGARA POINT DR

City State Zip Code
ERIE PA 16507-2321

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

Name of Employer Occupation
Erie Insurance Group EVP Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369063

Amount of Each Receipt this Period
307.70

SUBTOTAL of Receipts This Page (optional).....▶	665.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. George D Dufala		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2015 Transaction ID : A2015-601409
Mailing Address 289 NIAGARA POINT DR		Amount of Each Receipt this Period 307.70
City ERIE	State PA	Zip Code 16507-2321
FEC ID number of contributing federal political committee. C		
Name of Employer Erie Insurance Group	Occupation EVP Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.10	

Full Name (Last, First, Middle Initial) B. George D Dufala		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2015 Transaction ID : A2015-792399
Mailing Address 289 NIAGARA POINT DR		Amount of Each Receipt this Period 307.70
City ERIE	State PA	Zip Code 16507-2321
FEC ID number of contributing federal political committee. C		
Name of Employer Erie Insurance Group	Occupation EVP Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.80	

Full Name (Last, First, Middle Initial) C. George D Dufala		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 26 / 2015 Transaction ID : A2015-1024176
Mailing Address 289 NIAGARA POINT DR		Amount of Each Receipt this Period 307.70
City ERIE	State PA	Zip Code 16507-2321
FEC ID number of contributing federal political committee. C		
Name of Employer Erie Insurance Group	Occupation EVP Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.50	

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:	PAGE 23 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. George D Dufala		Date of Receipt
Mailing Address 289 NIAGARA POINT DR		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
ERIE	PA	16507-2321
FEC ID number of contributing federal political committee.		Transaction ID : A2015-1350294
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="307.70"/>
Name of Employer	Occupation	
Erie Insurance Group	EVP Services	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1846.20"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sean D Dugan		Date of Receipt
Mailing Address 4204 TRASK AVE		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
ERIE	PA	16508-3142
FEC ID number of contributing federal political committee.		Transaction ID : A2015-1350291
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="36.00"/>
Name of Employer	Occupation	
Erie Insurance Group	VP Recruiting & Comm Outreach	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="216.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bradley C Eastwood		Date of Receipt
Mailing Address 600 RIDGEVIEW DR		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
ERIE	PA	16505-1056
FEC ID number of contributing federal political committee.		Transaction ID : A2015-792499
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.76"/>
Name of Employer	Occupation	
Erie Insurance Group	SVP Actuarial & Chief Actuary	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.64"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="404.46"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 24 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Bradley C Eastwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 RIDGEVIEW DR
 City State Zip Code
 ERIE PA 16505-1056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Actuarial & Chief Actuary
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 301.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024276
 Amount of Each Receipt this Period
 60.76

B. Bradley C Eastwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 RIDGEVIEW DR
 City State Zip Code
 ERIE PA 16505-1056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Actuarial & Chief Actuary
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 362.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350394
 Amount of Each Receipt this Period
 60.76

C. Andrew M Erman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3693 VOLKMAN RD
 City State Zip Code
 ERIE PA 16506-4767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Chief Life Actuary
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601502
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 221.52
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Andrew M Erman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3693 VOLKMAN RD
 City ERIE State PA Zip Code 16506-4767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Chief Life Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792492
 Amount of Each Receipt this Period
 100.00

B. Andrew M Erman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3693 VOLKMAN RD
 City ERIE State PA Zip Code 16506-4767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Chief Life Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024269
 Amount of Each Receipt this Period
 100.00

C. Andrew M Erman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3693 VOLKMAN RD
 City ERIE State PA Zip Code 16506-4767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Chief Life Actuary
 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
 06 / 26 / 2015
Transaction ID : A2015-1350387
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ruben F Fechner III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6045 FOSSILWOOD CT
 City ERIE State PA Zip Code 16506-7013
 Date of Receipt 01 / 26 / 2015
Transaction ID : A2015-73051
 Amount of Each Receipt this Period 203.84
 FEC ID number of contributing federal political committee. C
 Name of Employer Erie Insurance Group Occupation SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.84

B. Ruben F Fechner III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6045 FOSSILWOOD CT
 City ERIE State PA Zip Code 16506-7013
 Date of Receipt 02 / 05 / 2015
Transaction ID : A2015-369163
 Amount of Each Receipt this Period 203.84
 FEC ID number of contributing federal political committee. C
 Name of Employer Erie Insurance Group Occupation SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 407.68

C. Ruben F Fechner III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6045 FOSSILWOOD CT
 City ERIE State PA Zip Code 16506-7013
 Date of Receipt 03 / 26 / 2015
Transaction ID : A2015-601510
 Amount of Each Receipt this Period 211.54
 FEC ID number of contributing federal political committee. C
 Name of Employer Erie Insurance Group Occupation SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 619.22

SUBTOTAL of Receipts This Page (optional)..... ▶ 619.22
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 Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Ruben F Fechner III		Date of Receipt
Mailing Address 6045 FOSSILWOOD CT		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City ERIE	State PA	Zip Code 16506-7013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2015-792500
Name of Employer Erie Insurance Group		Amount of Each Receipt this Period
Occupation SVP Information Technology		<input type="text" value="211.54"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="830.76"/>		

Full Name (Last, First, Middle Initial) B. Ruben F Fechner III		Date of Receipt
Mailing Address 6045 FOSSILWOOD CT		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City ERIE	State PA	Zip Code 16506-7013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2015-1024277
Name of Employer Erie Insurance Group		Amount of Each Receipt this Period
Occupation SVP Information Technology		<input type="text" value="211.54"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1042.30"/>		

Full Name (Last, First, Middle Initial) C. Ruben F Fechner III		Date of Receipt
Mailing Address 6045 FOSSILWOOD CT		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City ERIE	State PA	Zip Code 16506-7013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2015-1350395
Name of Employer Erie Insurance Group		Amount of Each Receipt this Period
Occupation SVP Information Technology		<input type="text" value="211.54"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1253.84"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="634.62"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Lorianne Feltz
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 FIELD VALLEY LN
 City FAIRVIEW State PA Zip Code 16415-1725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Customer Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601395
 Amount of Each Receipt this Period
 100.00

B. Lorianne Feltz
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 FIELD VALLEY LN
 City FAIRVIEW State PA Zip Code 16415-1725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Customer Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792385
 Amount of Each Receipt this Period
 100.00

C. Lorianne Feltz
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 FIELD VALLEY LN
 City FAIRVIEW State PA Zip Code 16415-1725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Customer Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024162
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 6418 FIELD VALLEY LN

City State Zip Code
FAIRVIEW PA 16415-1725

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

Name of Employer Occupation
Erie Insurance Group SVP Customer Service

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
06 / 26 / 2015
Transaction ID : A2015-1350280

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Douglas N Fitzgerald

Mailing Address 2311 WEDGEWOOD WAY

City State Zip Code
YORK PA 17408-9464

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015
Transaction ID : A2015-1350371

Amount of Each Receipt this Period
38.50

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

Mailing Address 181 FREEDOM DR

City State Zip Code
PARKERSBURG WV 26101-8505

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
267.64

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2015
Transaction ID : A2015-601434

Amount of Each Receipt this Period
98.40

SUBTOTAL of Receipts This Page (optional).....▶	236.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 103
(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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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. Charles M Fletcher

Mailing Address 181 FREEDOM DR

City State Zip Code
PARKERSBURG WV 26101-8505

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.54

Date of Receipt
MM / DD / YYYY
04 / 24 / 2015

Transaction ID : A2015-792424

Amount of Each Receipt this Period
85.90

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

Mailing Address 181 FREEDOM DR

City State Zip Code
PARKERSBURG WV 26101-8505

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
439.44

Date of Receipt
MM / DD / YYYY
05 / 26 / 2015

Transaction ID : A2015-1024201

Amount of Each Receipt this Period
85.90

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

Mailing Address 181 FREEDOM DR

City State Zip Code
PARKERSBURG WV 26101-8505

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.34

Date of Receipt
MM / DD / YYYY
06 / 26 / 2015

Transaction ID : A2015-1350319

Amount of Each Receipt this Period
85.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 257.70

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 31 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601454
 Amount of Each Receipt this Period
 90.00

B. David R Glod
 Full Name (Last, First, Middle Initial)
 Mailing Address 4902 REESE RD
 City State Zip Code
 ERIE PA 16510-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Sr Portfolio Mgr Fxd Inc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792444
 Amount of Each Receipt this Period
 90.00

C. David R Glod
 Full Name (Last, First, Middle Initial)
 Mailing Address 4902 REESE RD
 City State Zip Code
 ERIE PA 16510-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Sr Portfolio Mgr Fxd Inc
 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
 05 / 26 / 2015
Transaction ID : A2015-1024221
 Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00
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 32 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David R Glod
 Full Name (Last, First, Middle Initial)
 Mailing Address 4902 REESE RD
 City State Zip Code
 ERIE PA 16510-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Sr Portfolio Mgr Fxd Inc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350339
 Amount of Each Receipt this Period
 90.00

B. Gregory J Gutting
 Full Name (Last, First, Middle Initial)
 Mailing Address 529 SYBIL DR
 City State Zip Code
 ERIE PA 16505-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Controller
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : A2015-72932
 Amount of Each Receipt this Period
 200.24

C. Gregory J Gutting
 Full Name (Last, First, Middle Initial)
 Mailing Address 529 SYBIL DR
 City State Zip Code
 ERIE PA 16505-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Controller
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369044
 Amount of Each Receipt this Period
 200.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.48
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	FOR LINE NUMBER:	PAGE 33 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gregory J Gutting		Date of Receipt
Mailing Address 529 SYBIL DR		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
ERIE	PA	16505-2151
FEC ID number of contributing federal political committee.		Transaction ID : A2015-601390
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="208.26"/>
Name of Employer	Occupation	
Erie Insurance Group	SVP Controller	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="608.74"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gregory J Gutting		Date of Receipt
Mailing Address 529 SYBIL DR		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
ERIE	PA	16505-2151
FEC ID number of contributing federal political committee.		Transaction ID : A2015-792381
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="208.26"/>
Name of Employer	Occupation	
Erie Insurance Group	SVP Controller	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="817.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gregory J Gutting		Date of Receipt
Mailing Address 529 SYBIL DR		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
ERIE	PA	16505-2151
FEC ID number of contributing federal political committee.		Transaction ID : A2015-1024158
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="208.26"/>
Name of Employer	Occupation	
Erie Insurance Group	SVP Controller	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1025.26"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="624.78"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 34 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Gregory J Gutting		Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 Transaction ID : A2015-1350276
Mailing Address 529 SYBIL DR		Amount of Each Receipt this Period 208.26
City ERIE	State PA	Zip Code 16505-2151
FEC ID number of contributing federal political committee. C		
Name of Employer Erie Insurance Group	Occupation SVP Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1233.52	

Full Name (Last, First, Middle Initial) B. James K Harvey		Date of Receipt M M / D D / Y Y Y Y Y 05 / 26 / 2015 Transaction ID : A2015-1024232
Mailing Address 3917 BEECH AVE		Amount of Each Receipt this Period 48.30
City ERIE	State PA	Zip Code 16508-3114
FEC ID number of contributing federal political committee. C		
Name of Employer Erie Insurance Group	Occupation Sr Talent Management Cons	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.70	

Full Name (Last, First, Middle Initial) C. James K Harvey		Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 Transaction ID : A2015-1350350
Mailing Address 3917 BEECH AVE		Amount of Each Receipt this Period 48.30
City ERIE	State PA	Zip Code 16508-3114
FEC ID number of contributing federal political committee. C		
Name of Employer Erie Insurance Group	Occupation Sr Talent Management Cons	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	

SUBTOTAL of Receipts This Page (optional).....▶	304.86
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 35 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Leo J Heintz

Mailing Address 6175 BRANDY RUN

City State Zip Code
 FAIRVIEW PA 16415-3305

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350309

Amount of Each Receipt this Period
 40.00

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

Mailing Address 3450 TANAGER DR

City State Zip Code
 ERIE PA 16506-1156

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

Name of Employer Occupation
 Erie Insurance Group VP Corporate Actuarial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 288.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369156

Amount of Each Receipt this Period
 144.34

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

Mailing Address 3450 TANAGER DR

City State Zip Code
 ERIE PA 16506-1156

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

Name of Employer Occupation
 Erie Insurance Group VP Corporate Actuarial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 470.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601503

Amount of Each Receipt this Period
 181.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 366.20

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 36 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. William N Herr Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3450 TANAGER DR
 City State Zip Code
 ERIE PA 16506-1156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Corporate Actuarial
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 614.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792493
 Amount of Each Receipt this Period
 144.34

B. William N Herr Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3450 TANAGER DR
 City State Zip Code
 ERIE PA 16506-1156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Corporate Actuarial
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 759.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024270
 Amount of Each Receipt this Period
 144.34

C. William N Herr Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3450 TANAGER DR
 City State Zip Code
 ERIE PA 16506-1156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Corporate Actuarial
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 903.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350388
 Amount of Each Receipt this Period
 144.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.02
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 37 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Melvin L Hirst
 Full Name (Last, First, Middle Initial)
 Mailing Address 5820 FOREST XING
 City State Zip Code
 ERIE PA 16506-7004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Sales Promotion & Agcy Rel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601450
 Amount of Each Receipt this Period
 80.00

B. Melvin L Hirst
 Full Name (Last, First, Middle Initial)
 Mailing Address 5820 FOREST XING
 City State Zip Code
 ERIE PA 16506-7004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Sales Promotion & Agcy Rel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792440
 Amount of Each Receipt this Period
 80.00

C. Melvin L Hirst
 Full Name (Last, First, Middle Initial)
 Mailing Address 5820 FOREST XING
 City State Zip Code
 ERIE PA 16506-7004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Sales Promotion & Agcy Rel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024217
 Amount of Each Receipt this Period
 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Melvin L Hirst
 Full Name (Last, First, Middle Initial)
 Mailing Address 5820 FOREST XING
 City ERIE State PA Zip Code 16506-7004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Sales Promotion & Agcy Rel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350335
 Amount of Each Receipt this Period
80.00

B. Richard Holmgren
 Full Name (Last, First, Middle Initial)
 Mailing Address 162 E 35TH ST
 City ERIE State PA Zip Code 16504-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Strategic Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350275
 Amount of Each Receipt this Period
40.00

c. Robert C Ingram III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1324 S SHORE DR APT 707
 City ERIE State PA Zip Code 16505-2540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation EVP & Chief Information Ofcr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **307.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : A2015-73048
 Amount of Each Receipt this Period
307.70

SUBTOTAL of Receipts This Page (optional)..... **427.70**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert C Ingram III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1324 S SHORE DR APT 707
 City State Zip Code
 ERIE PA 16505-2540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group EVP & Chief Information Ofcr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 615.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369160
 Amount of Each Receipt this Period
 307.70

B. Robert C Ingram III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1324 S SHORE DR APT 707
 City State Zip Code
 ERIE PA 16505-2540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group EVP & Chief Information Ofcr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 923.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601507
 Amount of Each Receipt this Period
 307.70

c. Robert C Ingram III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1324 S SHORE DR APT 707
 City State Zip Code
 ERIE PA 16505-2540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group EVP & Chief Information Ofcr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1230.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792497
 Amount of Each Receipt this Period
 307.70

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: PAGE 40 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1324 S SHORE DR APT 707

City State Zip Code
 ERIE PA 16505-2540

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1538.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024274

Amount of Each Receipt this Period
 307.70

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

Mailing Address 1324 S SHORE DR APT 707

City State Zip Code
 ERIE PA 16505-2540

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1846.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350392

Amount of Each Receipt this Period
 307.70

Full Name (Last, First, Middle Initial)
C. John F Kearns

Mailing Address 5804 WIND CHIME LN

City State Zip Code
 FAIRVIEW PA 16415-3249

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

Name of Employer Occupation
 Erie Insurance Group EVP Sales & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : A2015-72993

Amount of Each Receipt this Period
 308.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 923.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. John F Kearns
 Full Name (Last, First, Middle Initial)
 Mailing Address 5804 WIND CHIME LN
 City State Zip Code
 FAIRVIEW PA 16415-3249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group EVP Sales & Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 616.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369105
 Amount of Each Receipt this Period
 308.00

B. John F Kearns
 Full Name (Last, First, Middle Initial)
 Mailing Address 5804 WIND CHIME LN
 City State Zip Code
 FAIRVIEW PA 16415-3249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group EVP Sales & Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601451
 Amount of Each Receipt this Period
 308.00

C. John F Kearns
 Full Name (Last, First, Middle Initial)
 Mailing Address 5804 WIND CHIME LN
 City State Zip Code
 FAIRVIEW PA 16415-3249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group EVP Sales & Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792441
 Amount of Each Receipt this Period
 308.00

SUBTOTAL of Receipts This Page (optional).....▶	924.00
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 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. John F Kearns

Mailing Address 5804 WIND CHIME LN

City State Zip Code
 FAIRVIEW PA 16415-3249

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

Name of Employer Occupation
 Erie Insurance Group EVP Sales & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024218

Amount of Each Receipt this Period
 308.00

Full Name (Last, First, Middle Initial)
B. John F Kearns

Mailing Address 5804 WIND CHIME LN

City State Zip Code
 FAIRVIEW PA 16415-3249

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

Name of Employer Occupation
 Erie Insurance Group EVP Sales & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1848.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350336

Amount of Each Receipt this Period
 308.00

Full Name (Last, First, Middle Initial)
C. Keith E Kennedy

Mailing Address 971 DUTCH RD

City State Zip Code
 FAIRVIEW PA 16415-1628

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

Name of Employer Occupation
 Erie Insurance Group SVP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 271.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369154

Amount of Each Receipt this Period
 135.58

SUBTOTAL of Receipts This Page (optional)..... ▶ **751.58**

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 43 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Keith E Kennedy		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 Transaction ID : A2015-601501
Mailing Address 971 DUTCH RD		Amount of Each Receipt this Period 200.00
City FAIRVIEW	State PA	Zip Code 16415-1628
FEC ID number of contributing federal political committee. C		
Name of Employer Erie Insurance Group	Occupation SVP Information Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 471.16	

Full Name (Last, First, Middle Initial) B. Keith E Kennedy		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : A2015-792491
Mailing Address 971 DUTCH RD		Amount of Each Receipt this Period 200.00
City FAIRVIEW	State PA	Zip Code 16415-1628
FEC ID number of contributing federal political committee. C		
Name of Employer Erie Insurance Group	Occupation SVP Information Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 671.16	

Full Name (Last, First, Middle Initial) C. Keith E Kennedy		Date of Receipt MM / DD / YYYY 05 / 26 / 2015 Transaction ID : A2015-1024268
Mailing Address 971 DUTCH RD		Amount of Each Receipt this Period 200.00
City FAIRVIEW	State PA	Zip Code 16415-1628
FEC ID number of contributing federal political committee. C		
Name of Employer Erie Insurance Group	Occupation SVP Information Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 871.16	

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

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

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

FOR LINE NUMBER: PAGE 44 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Keith E Kennedy
 Mailing Address 971 DUTCH RD
 City State Zip Code
 FAIRVIEW PA 16415-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Information Technology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1071.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350386
 Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Karen A Kraus Phillips
 Mailing Address 611 VIRGINIA AVE
 City State Zip Code
 ERIE PA 16505-4611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Strategic Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601425
 Amount of Each Receipt this Period
 96.50

Full Name (Last, First, Middle Initial)
C. Karen A Kraus Phillips
 Mailing Address 611 VIRGINIA AVE
 City State Zip Code
 ERIE PA 16505-4611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Strategic Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 326.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792415
 Amount of Each Receipt this Period
 76.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 373.08
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 45 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 611 VIRGINIA AVE

City State Zip Code
 ERIE PA 16505-4611

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

Name of Employer Occupation
 Erie Insurance Group VP Strategic Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 402.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024192

Amount of Each Receipt this Period
 76.58

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

Mailing Address 611 VIRGINIA AVE

City State Zip Code
 ERIE PA 16505-4611

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

Name of Employer Occupation
 Erie Insurance Group VP Strategic Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 479.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350310

Amount of Each Receipt this Period
 76.58

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

Mailing Address 903 LONG POINT DR

City State Zip Code
 ERIE PA 16505-5417

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 211.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024238

Amount of Each Receipt this Period
 42.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.36

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 46 OF 103
(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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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. Ryszard Krysiak

Mailing Address 903 LONG POINT DR

City State Zip Code
ERIE PA 16505-5417

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.98

Date of Receipt
06 / 26 / 2015
Transaction ID : A2015-1350356

Amount of Each Receipt this Period
37.98

Full Name (Last, First, Middle Initial)
B. Debra A Mack

Mailing Address 3560 KANE HILL RD

City State Zip Code
ERIE PA 16510-4962

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

Name of Employer Occupation
Erie Insurance Group Dir Sales & Agy Bsn Prcs/Plng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.06

Date of Receipt
03 / 26 / 2015
Transaction ID : A2015-601463

Amount of Each Receipt this Period
84.18

Full Name (Last, First, Middle Initial)
C. Debra A Mack

Mailing Address 3560 KANE HILL RD

City State Zip Code
ERIE PA 16510-4962

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

Name of Employer Occupation
Erie Insurance Group Dir Sales & Agy Bsn Prcs/Plng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
334.24

Date of Receipt
04 / 24 / 2015
Transaction ID : A2015-792453

Amount of Each Receipt this Period
84.18

SUBTOTAL of Receipts This Page (optional)..... ▶ 206.34

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 47 OF 103
(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

A. Debra A Mack
 Full Name (Last, First, Middle Initial)
 Mailing Address 3560 KANE HILL RD
 City State Zip Code
 ERIE PA 16510-4962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Sales & Agy Bsn Prcs/Plng
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 418.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024230
 Amount of Each Receipt this Period
 84.18

B. Debra A Mack
 Full Name (Last, First, Middle Initial)
 Mailing Address 3560 KANE HILL RD
 City State Zip Code
 ERIE PA 16510-4962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Sales & Agy Bsn Prcs/Plng
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 502.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350348
 Amount of Each Receipt this Period
 84.18

C. Christina M Marsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 245 GATEWAY DR
 City State Zip Code
 FAIRVIEW PA 16415-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601411
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 268.36
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Christina M Marsh
 Full Name (Last, First, Middle Initial)
 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 Erie Insurance Group Occupation SVP Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792401
 Amount of Each Receipt this Period
 100.00

B. Christina M Marsh
 Full Name (Last, First, Middle Initial)
 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 Erie Insurance Group Occupation SVP Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024178
 Amount of Each Receipt this Period
 100.00

C. Christina M Marsh
 Full Name (Last, First, Middle Initial)
 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 Erie Insurance Group Occupation SVP Services
 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
 06 / 26 / 2015
Transaction ID : A2015-1350296
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. Deborah S Masi			Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2015 Transaction ID : A2015-792435
Mailing Address 3012 MADEIRA DR			Amount of Each Receipt this Period 55.76
City ERIE	State PA	Zip Code 16506-1732	
FEC ID number of contributing federal political committee. C			
Name of Employer Erie Insurance Group	Occupation VP Commercial Underwriting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.44		

Full Name (Last, First, Middle Initial) B. Deborah S Masi			Date of Receipt M M / D D / Y Y Y Y Y 05 / 26 / 2015 Transaction ID : A2015-1024212
Mailing Address 3012 MADEIRA DR			Amount of Each Receipt this Period 55.76
City ERIE	State PA	Zip Code 16506-1732	
FEC ID number of contributing federal political committee. C			
Name of Employer Erie Insurance Group	Occupation VP Commercial Underwriting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.20		

Full Name (Last, First, Middle Initial) C. Deborah S Masi			Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 Transaction ID : A2015-1350330
Mailing Address 3012 MADEIRA DR			Amount of Each Receipt this Period 55.76
City ERIE	State PA	Zip Code 16506-1732	
FEC ID number of contributing federal political committee. C			
Name of Employer Erie Insurance Group	Occupation VP Commercial Underwriting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 329.96		

SUBTOTAL of Receipts This Page (optional).....▶	167.28
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address **4870 WATSON RD**

City State Zip Code
ERIE PA 16505-1328

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt
01 / 26 / 2015

Transaction ID : A2015-73052

Amount of Each Receipt this Period
308.00

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

Mailing Address **4870 WATSON RD**

City State Zip Code
ERIE PA 16505-1328

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
616.00

Date of Receipt
02 / 05 / 2015

Transaction ID : A2015-369164

Amount of Each Receipt this Period
308.00

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

Mailing Address **4870 WATSON RD**

City State Zip Code
ERIE PA 16505-1328

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt
03 / 26 / 2015

Transaction ID : A2015-601512

Amount of Each Receipt this Period
308.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **924.00**

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 51 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address **4870 WATSON RD**

City State Zip Code
ERIE PA 16505-1328

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1232.00

Date of Receipt
04 / 24 / 2015

Transaction ID : A2015-792502

Amount of Each Receipt this Period
308.00

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

Mailing Address **4870 WATSON RD**

City State Zip Code
ERIE PA 16505-1328

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1540.00

Date of Receipt
05 / 26 / 2015

Transaction ID : A2015-1024279

Amount of Each Receipt this Period
308.00

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

Mailing Address **4870 WATSON RD**

City State Zip Code
ERIE PA 16505-1328

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1848.00

Date of Receipt
06 / 26 / 2015

Transaction ID : A2015-1350397

Amount of Each Receipt this Period
308.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **924.00**

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 52 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Robert W McNutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 4892 N WAYSIDE DR
 City State Zip Code
 ERIE PA 16505-1358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369122
 Amount of Each Receipt this Period
 120.00

B. Robert W McNutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 4892 N WAYSIDE DR
 City State Zip Code
 ERIE PA 16505-1358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601468
 Amount of Each Receipt this Period
 120.00

C. Robert W McNutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 4892 N WAYSIDE DR
 City State Zip Code
 ERIE PA 16505-1358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792458
 Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 360.00
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 53 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4892 N WAYSIDE DR

City State Zip Code
 ERIE PA 16505-1358

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

Name of Employer Occupation
 Erie Insurance Group VP & Treasurer

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
 05 / 26 / 2015
Transaction ID : A2015-1024235

Amount of Each Receipt this Period
 120.00

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

Mailing Address 4892 N WAYSIDE DR

City State Zip Code
 ERIE PA 16505-1358

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

Name of Employer Occupation
 Erie Insurance Group VP & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350353

Amount of Each Receipt this Period
 120.00

Full Name (Last, First, Middle Initial)
c. Cheryl L Mitchell

Mailing Address 4315 ALISON AVE

City State Zip Code
 ERIE PA 16506-6165

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

Name of Employer Occupation
 Erie Insurance Group VP Workplace Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601489

Amount of Each Receipt this Period
 72.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 312.00

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 54 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Cheryl L Mitchell

Mailing Address 4315 ALISON AVE

City State Zip Code
 ERIE PA 16506-6165

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

Name of Employer Occupation
 Erie Insurance Group VP Workplace Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792479

Amount of Each Receipt this Period
 72.00

Full Name (Last, First, Middle Initial)
B. Cheryl L Mitchell

Mailing Address 4315 ALISON AVE

City State Zip Code
 ERIE PA 16506-6165

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

Name of Employer Occupation
 Erie Insurance Group VP Workplace Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024256

Amount of Each Receipt this Period
 72.00

Full Name (Last, First, Middle Initial)
C. Cheryl L Mitchell

Mailing Address 4315 ALISON AVE

City State Zip Code
 ERIE PA 16506-6165

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

Name of Employer Occupation
 Erie Insurance Group VP Workplace Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 432.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350374

Amount of Each Receipt this Period
 72.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 216.00

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 55 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Matthew W Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6515 HONEY LN
 City State Zip Code
 ERIE PA 16509-4879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP & Claims Ref Prgm Sponsor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369109
 Amount of Each Receipt this Period
 150.00

B. Matthew W Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6515 HONEY LN
 City State Zip Code
 ERIE PA 16509-4879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP & Claims Ref Prgm Sponsor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601455
 Amount of Each Receipt this Period
 150.00

C. Matthew W Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6515 HONEY LN
 City State Zip Code
 ERIE PA 16509-4879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP & Claims Ref Prgm Sponsor
 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
 04 / 24 / 2015
Transaction ID : A2015-792445
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address **6515 HONEY LN**

City State Zip Code
ERIE PA 16509-4879

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
05 / 26 / 2015
Transaction ID : A2015-1024222

Amount of Each Receipt this Period
150.00

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

Mailing Address **6515 HONEY LN**

City State Zip Code
ERIE PA 16509-4879

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
06 / 26 / 2015
Transaction ID : A2015-1350340

Amount of Each Receipt this Period
150.00

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

Mailing Address **4044 SHADYBROOK DR**

City State Zip Code
ERIE PA 16506-4740

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

Name of Employer Occupation
Erie Insurance Group Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
263.32

Date of Receipt
02 / 05 / 2015
Transaction ID : A2015-369121

Amount of Each Receipt this Period
131.66

SUBTOTAL of Receipts This Page (optional)..... ▶ **431.66**

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 Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James G Nealon III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4044 SHADYBROOK DR
 City State Zip Code
 ERIE PA 16506-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Senior Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601467
 Amount of Each Receipt this Period
 136.26

B. James G Nealon III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4044 SHADYBROOK DR
 City State Zip Code
 ERIE PA 16506-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Senior Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792457
 Amount of Each Receipt this Period
 136.26

C. James G Nealon III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4044 SHADYBROOK DR
 City State Zip Code
 ERIE PA 16506-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Senior Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 672.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024234
 Amount of Each Receipt this Period
 136.26

SUBTOTAL of Receipts This Page (optional)..... ▶ 408.78
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James G Nealon III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4044 SHADYBROOK DR
 City State Zip Code
 ERIE PA 16506-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Senior Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 808.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350352
 Amount of Each Receipt this Period
 136.26

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024155
 Amount of Each Receipt this Period
 50.00

c. Timothy G NeCastro
 Full Name (Last, First, Middle Initial)
 Mailing Address 6146 SCIOTO CT
 City State Zip Code
 FAIRVIEW PA 16415-3276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Regional Officer
 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
 06 / 26 / 2015
Transaction ID : A2015-1350273
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	236.26
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 59 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Gabriel Oros

Mailing Address 7379 SAGE XING

City State Zip Code
 FAIRVIEW PA 16415-3311

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

Name of Employer Occupation
 Erie Insurance Group Counsel II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : A2015-567507

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Gregory C Page

Mailing Address 8780 MARTHA WAY

City State Zip Code
 WATERFORD PA 16441-4066

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

Name of Employer Occupation
 Erie Insurance Group VP & Regional Claims Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792465

Amount of Each Receipt this Period
 60.00

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

Mailing Address 8780 MARTHA WAY

City State Zip Code
 WATERFORD PA 16441-4066

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

Name of Employer Occupation
 Erie Insurance Group VP & Regional Claims Officer

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
 05 / 26 / 2015
Transaction ID : A2015-1024242

Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 620.00

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 60 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Gregory C Page
 Mailing Address 8780 MARTHA WAY
 City WATERFORD State PA Zip Code 16441-4066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Regional Claims Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350360
 Amount of Each Receipt this Period
 60.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369118
 Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
C. Randall T Peterman
 Mailing Address 3588 SWAN LAKE LN
 City ERIE State PA Zip Code 16506-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Financial Plng & Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601464
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 460.00
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 61 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Randall T Peterman
Full Name (Last, First, Middle Initial)
Mailing Address 3588 SWAN LAKE LN

City ERIE	State PA	Zip Code 16506-1158
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation SVP Financial Plng & Analysis
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2015

Transaction ID : A2015-792454

Amount of Each Receipt this Period
200.00

B. Randall T Peterman
Full Name (Last, First, Middle Initial)
Mailing Address 3588 SWAN LAKE LN

City ERIE	State PA	Zip Code 16506-1158
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation SVP Financial Plng & Analysis
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

Transaction ID : A2015-1024231

Amount of Each Receipt this Period
200.00

C. Randall T Peterman
Full Name (Last, First, Middle Initial)
Mailing Address 3588 SWAN LAKE LN

City ERIE	State PA	Zip Code 16506-1158
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation SVP Financial Plng & Analysis
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : A2015-1350349

Amount of Each Receipt this Period
200.00

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

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

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

FOR LINE NUMBER: PAGE 62 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Sue A Pfadt
 Mailing Address 5811 SOUTHLAND DR
 City State Zip Code
 ERIE PA 16509-7817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Counsel II
 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
 06 / 26 / 2015
Transaction ID : A2015-1350313
 Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. Michael A Plazony
 Mailing Address 5500 STONERIDGE DR
 City State Zip Code
 FAIRVIEW PA 16415-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Life
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369116
 Amount of Each Receipt this Period
 104.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601462
 Amount of Each Receipt this Period
 104.00

SUBTOTAL of Receipts This Page (optional).....▶	248.00
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 63 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Michael A Plazony
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 STONERIDGE DR
 City State Zip Code
 FAIRVIEW PA 16415-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Life
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792452
 Amount of Each Receipt this Period
 104.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024229
 Amount of Each Receipt this Period
 104.00

C. Michael A Plazony
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 STONERIDGE DR
 City State Zip Code
 FAIRVIEW PA 16415-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Life
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 624.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350347
 Amount of Each Receipt this Period
 104.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 312.00
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 64 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5701 DOBLER RD

City State Zip Code
 GIRARD PA 16417-8768

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : A2015-73045

Amount of Each Receipt this Period
 230.88

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

Mailing Address 5701 DOBLER RD

City State Zip Code
 GIRARD PA 16417-8768

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369157

Amount of Each Receipt this Period
 230.88

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

Mailing Address 5701 DOBLER RD

City State Zip Code
 GIRARD PA 16417-8768

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 697.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601504

Amount of Each Receipt this Period
 235.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 697.26

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 65 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5701 DOBLER RD

City State Zip Code
 GIRARD PA 16417-8768

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 932.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792494

Amount of Each Receipt this Period
 235.50

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

Mailing Address 5701 DOBLER RD

City State Zip Code
 GIRARD PA 16417-8768

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1168.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024271

Amount of Each Receipt this Period
 235.50

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

Mailing Address 5701 DOBLER RD

City State Zip Code
 GIRARD PA 16417-8768

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1403.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350389

Amount of Each Receipt this Period
 235.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 706.50

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 66 OF 103
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Andrew G Putnam

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 Erie Insurance Group Occupation IT Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : A2015-792419

Amount of Each Receipt this Period
56.92

Full Name (Last, First, Middle Initial)
B. Andrew G Putnam

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 Erie Insurance Group Occupation IT Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **281.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : A2015-1024196

Amount of Each Receipt this Period
56.92

Full Name (Last, First, Middle Initial)
C. Andrew G Putnam

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 Erie Insurance Group Occupation IT Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **338.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : A2015-1350314

Amount of Each Receipt this Period
56.92

SUBTOTAL of Receipts This Page (optional)..... ▶ **170.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Erie Indemnity Company PAC - Federal

A. Belinda J Rogers
 Full Name (Last, First, Middle Initial)
 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 Erie Insurance Group Occupation Counsel I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 219.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024267
 Amount of Each Receipt this Period
 44.46

B. Belinda J Rogers
 Full Name (Last, First, Middle Initial)
 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 Erie Insurance Group Occupation Counsel I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 263.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350385
 Amount of Each Receipt this Period
 44.46

C. Sheryl A Rucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 DUNN VALLEY RD
 City ERIE State PA Zip Code 16509-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369095
 Amount of Each Receipt this Period
 155.46

SUBTOTAL of Receipts This Page (optional).....▶	244.38
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 68 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sheryl A Rucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 DUNN VALLEY RD
 City State Zip Code
 ERIE PA 16509-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Senior Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 471.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601441
 Amount of Each Receipt this Period
 160.90

B. Sheryl A Rucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 DUNN VALLEY RD
 City State Zip Code
 ERIE PA 16509-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Senior Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 632.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792431
 Amount of Each Receipt this Period
 160.90

C. Sheryl A Rucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 DUNN VALLEY RD
 City State Zip Code
 ERIE PA 16509-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Senior Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 793.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024208
 Amount of Each Receipt this Period
 160.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 482.70
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 69 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. Sheryl A Rucker		Date of Receipt
Mailing Address 3500 DUNN VALLEY RD		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
ERIE	PA	16509-4310
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2015-1350326
Name of Employer	Occupation	Amount of Each Receipt this Period
Erie Insurance Group	Senior Counsel	<input type="text" value="160.90"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="954.52"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Karen A Rugare		Date of Receipt
Mailing Address 6945 HONEY LN		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
ERIE	PA	16509-4889
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2015-792468
Name of Employer	Occupation	Amount of Each Receipt this Period
Erie Insurance Group	VP Strategic Marketing	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Karen A Rugare		Date of Receipt
Mailing Address 6945 HONEY LN		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
ERIE	PA	16509-4889
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2015-1024245
Name of Employer	Occupation	Amount of Each Receipt this Period
Erie Insurance Group	VP Strategic Marketing	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="280.90"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 70 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6945 HONEY LN

City State Zip Code
 ERIE PA 16509-4889

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

Name of Employer Occupation
 Erie Insurance Group VP Strategic Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350363

Amount of Each Receipt this Period
 60.00

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

Mailing Address 5122 ROBINHOOD LN

City State Zip Code
 ERIE PA 16509-2561

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

Name of Employer Occupation
 Erie Insurance Group Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024203

Amount of Each Receipt this Period
 50.00

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

Mailing Address 5122 ROBINHOOD LN

City State Zip Code
 ERIE PA 16509-2561

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

Name of Employer Occupation
 Erie Insurance Group Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350321

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. Sherri A Silver		Date of Receipt
Mailing Address 6770 KREIDER RD		<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City FAIRVIEW	State PA	Zip Code 16415-2623
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2015-369130
Name of Employer Erie Insurance Group		Amount of Each Receipt this Period
Occupation SVP Strategic Marketing		<input type="text" value="192.32"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="384.64"/>	

Full Name (Last, First, Middle Initial) B. Sherri A Silver		Date of Receipt
Mailing Address 6770 KREIDER RD		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City FAIRVIEW	State PA	Zip Code 16415-2623
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2015-601476
Name of Employer Erie Insurance Group		Amount of Each Receipt this Period
Occupation SVP Strategic Marketing		<input type="text" value="192.32"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="576.96"/>	

Full Name (Last, First, Middle Initial) C. Sherri A Silver		Date of Receipt
Mailing Address 6770 KREIDER RD		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City FAIRVIEW	State PA	Zip Code 16415-2623
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2015-792466
Name of Employer Erie Insurance Group		Amount of Each Receipt this Period
Occupation SVP Strategic Marketing		<input type="text" value="192.32"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="769.28"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="576.96"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 72 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6770 KREIDER RD

City State Zip Code
 FAIRVIEW PA 16415-2623

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

Name of Employer Occupation
 Erie Insurance Group SVP Strategic Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 961.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024243

Amount of Each Receipt this Period
 192.32

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

Mailing Address 6770 KREIDER RD

City State Zip Code
 FAIRVIEW PA 16415-2623

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

Name of Employer Occupation
 Erie Insurance Group SVP Strategic Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1153.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350361

Amount of Each Receipt this Period
 192.32

Full Name (Last, First, Middle Initial)
C. Diane M Stamatelatos

Mailing Address 12147 JAMES JACK LN

City State Zip Code
 CHARLOTTE NC 28277-3752

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

Name of Employer Occupation
 Erie Insurance Group VP Strategic Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601499

Amount of Each Receipt this Period
 70.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 454.64

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 73 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Diane M Stamatelatos		Date of Receipt
Mailing Address 12147 JAMES JACK LN		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHARLOTTE	NC	28277-3752
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2015-792489
Name of Employer	Occupation	Amount of Each Receipt this Period
Erie Insurance Group	VP Strategic Marketing	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Diane M Stamatelatos		Date of Receipt
Mailing Address 12147 JAMES JACK LN		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHARLOTTE	NC	28277-3752
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2015-1024266
Name of Employer	Occupation	Amount of Each Receipt this Period
Erie Insurance Group	VP Strategic Marketing	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Diane M Stamatelatos		Date of Receipt
Mailing Address 12147 JAMES JACK LN		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHARLOTTE	NC	28277-3752
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2015-1350384
Name of Employer	Occupation	Amount of Each Receipt this Period
Erie Insurance Group	VP Strategic Marketing	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 74 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James P Stoik
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 NIAGARA PIER
 City State Zip Code
 ERIE PA 16507-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Internal Audit
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 267.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601448
 Amount of Each Receipt this Period
 91.08

B. James P Stoik
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 NIAGARA PIER
 City State Zip Code
 ERIE PA 16507-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Internal Audit
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 358.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792438
 Amount of Each Receipt this Period
 91.08

C. James P Stoik
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 NIAGARA PIER
 City State Zip Code
 ERIE PA 16507-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Internal Audit
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 449.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024215
 Amount of Each Receipt this Period
 91.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 273.24
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 75 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James P Stoik
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 NIAGARA PIER
 City State Zip Code
 ERIE PA 16507-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Internal Audit
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350333
 Amount of Each Receipt this Period
 91.08

B. Richard L Stover
 Full Name (Last, First, Middle Initial)
 Mailing Address 1203 Deering Bay Court
 City State Zip Code
 Gibsonia PA 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : A2015-792373
 Amount of Each Receipt this Period
 250.00

C. Joseph M Vahey
 Full Name (Last, First, Middle Initial)
 Mailing Address 7496 N SHORE DR
 City State Zip Code
 ERIE PA 16511-1616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Product Manager (Prsl)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : A2015-369056
 Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 461.08
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 76 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joseph M Vahey
 Full Name (Last, First, Middle Initial)
 Mailing Address 7496 N SHORE DR
 City State Zip Code
 ERIE PA 16511-1616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Product Manager (Prsl)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601402
 Amount of Each Receipt this Period
 120.00

B. Joseph M Vahey
 Full Name (Last, First, Middle Initial)
 Mailing Address 7496 N SHORE DR
 City State Zip Code
 ERIE PA 16511-1616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Product Manager (Prsl)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792392
 Amount of Each Receipt this Period
 120.00

C. Joseph M Vahey
 Full Name (Last, First, Middle Initial)
 Mailing Address 7496 N SHORE DR
 City State Zip Code
 ERIE PA 16511-1616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Product Manager (Prsl)
 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
 05 / 26 / 2015
Transaction ID : A2015-1024169
 Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 360.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7496 N SHORE DR

City State Zip Code
ERIE PA 16511-1616

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015
Transaction ID : A2015-1350287

Amount of Each Receipt this Period
120.00

B. Gary D Veshecco
Full Name (Last, First, Middle Initial)

Mailing Address 845 W TOWNHALL RD

City State Zip Code
WATERFORD PA 16441-4131

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

Name of Employer Occupation
Erie Insurance Group SVP Law & Privacy Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2015
Transaction ID : A2015-369047

Amount of Each Receipt this Period
200.00

C. Gary D Veshecco
Full Name (Last, First, Middle Initial)

Mailing Address 845 W TOWNHALL RD

City State Zip Code
WATERFORD PA 16441-4131

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

Name of Employer Occupation
Erie Insurance Group SVP Law & Privacy Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2015
Transaction ID : A2015-601393

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	520.00
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 78 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Gary D Veshecco

Mailing Address 845 W TOWNHALL RD

City State Zip Code
 WATERFORD PA 16441-4131

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

Name of Employer Occupation
 Erie Insurance Group SVP Law & Privacy Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792384

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Gary D Veshecco

Mailing Address 845 W TOWNHALL RD

City State Zip Code
 WATERFORD PA 16441-4131

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

Name of Employer Occupation
 Erie Insurance Group SVP Law & Privacy Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024161

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
C. Gary D Veshecco

Mailing Address 845 W TOWNHALL RD

City State Zip Code
 WATERFORD PA 16441-4131

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

Name of Employer Occupation
 Erie Insurance Group SVP Law & Privacy Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350279

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert Wilburn
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Washington Ave
 City Miami Beach State FL Zip Code 33139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 07 / 2015
Transaction ID : A2015-842976
 Amount of Each Receipt this Period
500.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2015
Transaction ID : A2015-601488
 Amount of Each Receipt this Period
80.00

C. Christy S Yousefnejad
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 W STERLINGTON PL
 City APEX State NC Zip Code 27502-8938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Claims Manager I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : A2015-792478
 Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional).....▶	660.00
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 80 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Christy S Yousefnejad
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 W STERLINGTON PL
 City APEX State NC Zip Code 27502-8938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Claims Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024255
 Amount of Each Receipt this Period
 80.00

B. Christy S Yousefnejad
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 W STERLINGTON PL
 City APEX State NC Zip Code 27502-8938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Claims Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350373
 Amount of Each Receipt this Period
 80.00

C. Ann H Zaprazny
 Full Name (Last, First, Middle Initial)
 Mailing Address 93 JACOBS CREEK DR
 City HERSHEY State PA Zip Code 17033-8915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Regional Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601473
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.00
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 81 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 93 JACOBS CREEK DR

City State Zip Code
 HERSHEY PA 17033-8915

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

Name of Employer Occupation
 Erie Insurance Group SVP Regional Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792463

Amount of Each Receipt this Period
 100.00

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

Mailing Address 93 JACOBS CREEK DR

City State Zip Code
 HERSHEY PA 17033-8915

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

Name of Employer Occupation
 Erie Insurance Group SVP Regional Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024240

Amount of Each Receipt this Period
 100.00

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

Mailing Address 93 JACOBS CREEK DR

City State Zip Code
 HERSHEY PA 17033-8915

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

Name of Employer Occupation
 Erie Insurance Group SVP Regional Officer

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
 06 / 26 / 2015
Transaction ID : A2015-1350358

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 82 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Christopher J Zimmer
 Full Name (Last, First, Middle Initial)
 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 Erie Insurance Group Occupation SVP Field Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : A2015-601423
 Amount of Each Receipt this Period
 97.18

B. Christopher J Zimmer
 Full Name (Last, First, Middle Initial)
 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 Erie Insurance Group Occupation SVP Field Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : A2015-792413
 Amount of Each Receipt this Period
 97.18

C. Christopher J Zimmer
 Full Name (Last, First, Middle Initial)
 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 Erie Insurance Group Occupation SVP Field Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 482.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A2015-1024190
 Amount of Each Receipt this Period
 97.18

SUBTOTAL of Receipts This Page (optional)..... ▶ 291.54
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 83 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Christopher J Zimmer
 Full Name (Last, First, Middle Initial)
 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 Erie Insurance Group Occupation SVP Field Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 579.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : A2015-1350308
 Amount of Each Receipt this Period
 97.18

B. Gregory Zimmerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 5150 LA RAE DR.
 City ERIE State PA Zip Code 16506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Ltgn/Claims Examination
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015
Transaction ID : A2015-523163
 Amount of Each Receipt this Period
 1700.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	1797.18
TOTAL This Period (last page this line number only).....▶	42153.94

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Shelby for U S Senate

Mailing Address Post Office Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement Contribution

011

Candidate Name

Richard C Shelby

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AL District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : B551651

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Dold for Congress

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement Contribution

011

Candidate Name

Bob Dold

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : B550032

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Foster for Congress Committee

Mailing Address P.O. Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement Contribution

011

Candidate Name

William G Foster

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : B550033

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Kirk for Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement Contribution

011

Candidate Name

Mark Kirk

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2015

Transaction ID : B575213

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cleaver for Congress

Mailing Address 4801 Main Street Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement Contribution

011

Candidate Name

Emanuel Cleaver

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MO District: 05

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2015

Transaction ID : B546148

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Blaine for Congress

Mailing Address PO Box 1025

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement Contribution

011

Candidate Name

Blaine Luetkemeyer

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : B550034

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. McHenry for Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement
Contribution

011

Candidate Name

Patrick McHenry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	5

Transaction ID : B550035

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Pete King for Congress Committee

Mailing Address Post Office Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement
Contribution

011

Candidate Name

Peter T King

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	5

Transaction ID : B550036

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends for Gregory Meeks

Mailing Address 153-01 Jamaica Ave. Suite 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement
Contribution

011

Candidate Name

Gregory W Meeks

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	5

Transaction ID : B550037

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
Contribution

011

Candidate Name

Charles E Schumer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : B550040

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Elise for Congress

Mailing Address P.O. Box 338

City Willsboro State NY Zip Code 12996

Purpose of Disbursement
Contribution

011

Candidate Name

Elise Stefanik

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : B550038

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Boehner for Speaker

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2015

Transaction ID : B575333

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citizens for Christine Radogno

Mailing Address 1011 State Ste./Ste 205

City Lemont State IL Zip Code 60439

Purpose of Disbursement
P-2016 State Senate 41 IL

011

Category/
Type

Candidate Name

Christine Radogno

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	5

Transaction ID : B550042

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Illinois Insurance Association PAC

Mailing Address 217 E. Monroe St. Suite 110

City Springfield State IL Zip Code 62701

Purpose of Disbursement
State PAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	5

Transaction ID : B551653

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Michael J. Madigan

Mailing Address P.O. Box 3188

City Chicago State IL Zip Code 60654

Purpose of Disbursement
P-2016 State House 22 IL

011

Category/
Type

Candidate Name

Michael J Madigan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	5

Transaction ID : B551652

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Insurance Political Action Committee

Mailing Address 115 W. Washington Street Suite 955

City Indianapolis State IN Zip Code 96204

Purpose of Disbursement
State PAC

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : B550065

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tom Buford for State Senate

Mailing Address 409 W. Maple Street

City Nicholasville State KY Zip Code 40356

Purpose of Disbursement
P-2018 State Senate 22 KY

011

Candidate Name

Tom Buford

Category/
Type

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
04 / 14 / 2015

Transaction ID : B551657

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jared Carpenter for State Senate

Mailing Address 138 Legacy Dr.

City Berea State KY Zip Code 40403

Purpose of Disbursement
P-2018 State Senate 34 KY

011

Candidate Name

Jared Carpenter

Category/
Type

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
04 / 14 / 2015

Transaction ID : B551658

Amount of Each Disbursement this Period

500.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name (Last, First, Middle Initial)

A. Cmte. To Elect Jim Gooch Jr.

Mailing Address 714 N. Broadway B-4

City Providence State KY Zip Code 42450

Purpose of Disbursement
P-2016 State House 12 KY

011

Category/
Type

Candidate Name
Jim Gooch

Office Sought: House
 Senate
 President
State: KY District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2015

Transaction ID : B551654

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeff Greer for State Representative

Mailing Address 2125 Hwy 79

City Brandenburg State KY Zip Code 40108

Purpose of Disbursement
P-2016 State House 27 KY

011

Category/
Type

Candidate Name
Jeff Greer

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2015

Transaction ID : B551655

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steve Riggs for State Representative

Mailing Address 8108 Thornwood Road

City Louisville State KY Zip Code 40220

Purpose of Disbursement
P-2016 State House 31 KY

011

Category/
Type

Candidate Name
Steve Riggs

Office Sought: House
 Senate
 President
State: KY District: 31

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2015

Transaction ID : B551656

Amount of Each Disbursement this Period

500.00

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name (Last, First, Middle Initial)

A. Friends of Jeff Waldstreicher

Mailing Address 1010 Hull Street Suite 202

City Baltimore State MD Zip Code 21230

Purpose of Disbursement
P-2018 State House 18 MD

011

Candidate Name

Jeff D Waldstreicher

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 18

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2015

Transaction ID : B543584

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Christopher Adams

Mailing Address 7614 E. Longfield Drive

City Hebron State MD Zip Code 21830

Purpose of Disbursement
O-2018 State House 37B MD

011

Candidate Name

Christopher Adams

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Election Cycle

State: MD District: 37

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : B551675

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of John C. Astle

Mailing Address 51 Fleet Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
O-2018 State Senate 30 MD

011

Candidate Name

John C. Astle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Election Cycle

State: MD District: 30

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : B551664

Amount of Each Disbursement this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Benjamin Brooks

Mailing Address 8419 Liberty Road

City Baltimore State MD Zip Code 21244

Purpose of Disbursement
O-2018 State House 10 MD

011

Category/
Type

Candidate Name

Benjamin Brooks

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
04		14		2015

Transaction ID : B551672

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Dereck Davis

Mailing Address 17 W. Courtland St. #210

City Bel Air State MD Zip Code 21014

Purpose of Disbursement
O-2018 State House 25 MD

011

Category/
Type

Candidate Name

Dereck E Davis

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Election Cycle

State: MD District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2015

Transaction ID : B551660

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Citizens for Brian Feldman

Mailing Address PO Box 34408

City Bethesda State MD Zip Code 20827

Purpose of Disbursement
O-2018 State Senate 15 MD

011

Category/
Type

Candidate Name

Brian Feldman

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Election Cycle

State: MD District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2015

Transaction ID : B551665

Amount of Each Disbursement this Period

250.00

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 Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Mark Fisher

Mailing Address 6150 Sheridan Point Road

City Prince Frederick State MD Zip Code 20678

Purpose of Disbursement
O-2018 State House 27C MD

011

Candidate Name
Mark Fisher

Category/
Type

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Election Cycle

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	5

Transaction ID : B551671

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Sally Jameson

Mailing Address P.O. Box 333

City Bryantown State MD Zip Code 20617

Purpose of Disbursement
O-2018 State House 28 MD

011

Candidate Name
Sally Young Jameson

Category/
Type

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Election Cycle

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	5

Transaction ID : B551662

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of J.B. Jennings

Mailing Address PO Box 11

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
O-2018 State Senate 07 MD

011

Candidate Name
J.B. Jennings

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 07

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Election Cycle

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	5

Transaction ID : B551666

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Kathy Klausmeier

Mailing Address 4222 Soth Ave.

City Baltimore State MD Zip Code 21236

Purpose of Disbursement
O-2018 State Senate 08 MD

011

Candidate Name

Katherine Ann Klausmeier

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 08 Election Cycle

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : B551667

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Benjamin Kramer

Mailing Address 49 Randolph Road

City Silver Spring State MD Zip Code 20904

Purpose of Disbursement
O-2018 State Delegate 19 MD

011

Candidate Name

Benjamin F Kramer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 19 Election Cycle

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : B551712

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of Jim Mathias

Mailing Address 3546 Figgs Landing Road

City Snow Hill State MD Zip Code 21863

Purpose of Disbursement
O-2018 State Senate 38 MD

011

Candidate Name

Jim Mathias

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 38 Election Cycle

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : B551668

Amount of Each Disbursement this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name (Last, First, Middle Initial)

A. Supporters of Mac Middleton

Mailing Address PO Box 2502

City LaPlata State MD Zip Code 20646

Purpose of Disbursement
O-2018 State Senate 28 MD

011

Candidate Name

Thomas (Mac) Middleton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 28 Election Cycle

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	1	5		

Transaction ID : B551669

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Warren E. Miller

Mailing Address 4580 Ten Oaks Road

City Dayton State MD Zip Code 21036

Purpose of Disbursement
O-2018 State House 9A MD

011

Candidate Name

Warren E. Miller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: Election Cycle

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	1	5		

Transaction ID : B551663

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Bill Frick

Mailing Address 11717 Greenlane Drive

City Potomac State MD Zip Code 20854

Purpose of Disbursement
O-2018 State House 16 MD

011

Candidate Name

Bill Frick

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 16 Election Cycle

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	1	5		

Transaction ID : B551661

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

1	2	5	0	0
---	---	---	---	---

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

1	2	5	0	0
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. NYIAPAC (NY Insurance Assn PAC)

Mailing Address 130 Washington Ave

City Albany State NY Zip Code 12210

Purpose of Disbursement
State PAC

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

/ /

Transaction ID : **B551650**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Citizens for Hottinger

Mailing Address 386 Sabrecutt Dr.

City Newark State OH Zip Code 43055

Purpose of Disbursement
P-2018 State Senate 31 OH

Category/
Type

Candidate Name

Jay Hottinger

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 31

Date of Disbursement

/ /

Transaction ID : **B544520**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ohio Insurance Institute PAC (OIIPAC)

Mailing Address 172 E. State Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
State PAC

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

/ /

Transaction ID : **B550053**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citizens for Bacon

Mailing Address 5325 Ponderosa Drive

City Columbus State OH Zip Code 43231

Purpose of Disbursement
P-2018 State Senate 3 OH

011

Category/
Type

Candidate Name

Kevin Bacon

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : B550047

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Heather Bishoff for State Rep

Mailing Address 2902 Braden Way

City Blacklick State OH Zip Code 43004

Purpose of Disbursement
P-2016 State House 20 OH

011

Category/
Type

Candidate Name

Heather Bishoff

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : B550043

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Citizens for Brown

Mailing Address 2352 Homestead Drive

City Perrysburg State OH Zip Code 43551

Purpose of Disbursement
P-2018 State Senate 11 OH

011

Category/
Type

Candidate Name

Edna Brown

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : B550048

Amount of Each Disbursement this Period

500.00

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

1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Faber

Date of Disbursement

Mailing Address 7706 State Route 703

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2015

City State Zip Code
Celina OH 45822

Transaction ID : B550049

Purpose of Disbursement
P-2016 State Senate 12 OH

011
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name
Keith Faber

Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OH District: 12	

Full Name (Last, First, Middle Initial)

B. Gayle Manning for Senate

Date of Disbursement

Mailing Address 5380 Barton Road

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2015

City State Zip Code
North Ridgeville OH 44039

Transaction ID : B550050

Purpose of Disbursement
P-2018 State Senate 13 OH

011
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name
Gayle Manning

Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OH District: 13	

Full Name (Last, First, Middle Initial)

C. Pelanda for Representative

Date of Disbursement

Mailing Address 4679 Winterset Drive

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2015

City State Zip Code
Columbus OH 43320

Transaction ID : B550066

Purpose of Disbursement
P-2016 State House 86 OH

011
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name
Dorothy Pelanda

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OH District: 86	

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citizens for Sears

Mailing Address 6711 Monroe St Bldg 3 Ste D

City State Zip Code
Sylvania OH 43560

Purpose of Disbursement
P-2016 State House 47 OH

011

Category/
Type

Candidate Name

Barbara Sears

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2015

Transaction ID : B550046

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hackett for Ohio

Mailing Address 2050 Palouse Drive

City State Zip Code
London OH 43140

Purpose of Disbursement
P-2016 State Senate 10 OH

011

Category/
Type

Candidate Name

Bob Hackett

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2015

Transaction ID : B573869

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of David Yancey

Mailing Address 423 Pin Oak Rd

City State Zip Code
Newport News VA 23601

Purpose of Disbursement
P-2015 State House 94 VA

011

Category/
Type

Candidate Name

David Yancey

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: VA District: 94

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2015

Transaction ID : B550041

Amount of Each Disbursement this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Farrell for Delegate

Mailing Address 25 E. Main Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement
P-2015 State House 56 VA

011

Category/
Type

Candidate Name
Peter Farrell

Office Sought: House
 Senate
 President
State: VA District: 56

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : B551659

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wisconsin Insurance Alliance PAC

Mailing Address 44 East Mifflin Street Suite 901

City Madison State WI Zip Code 53703

Purpose of Disbursement
State PAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : B551681

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Taxpayers for Lasee

Mailing Address P.O. Box 5403

City De Pere State WI Zip Code 54115

Purpose of Disbursement
O-2018 State Senate 01 WI

011

Category/
Type

Candidate Name

Frank G. Lasee

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Election Cycle

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : B551683

Amount of Each Disbursement this Period

500.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Scott Fitzgerald for Senate

Mailing Address N4692 Maple Road

City Juneau State WI Zip Code 53039

Purpose of Disbursement
O-2018 State Senate 13 WI

011

Candidate Name

Scott Fitzgerald

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Election Cycle

State: WI District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : B551682

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gaunch for Senate

Mailing Address 524 Woodbridge Drive

City Charleston State WV Zip Code 25311

Purpose of Disbursement
P-2018 State Senate 08 WV

011

Candidate Name

Ed Gaunch

Category/
Type

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
03 / 19 / 2015

Transaction ID : B550051

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel Hall for House

Mailing Address PO Box 699

City Oceana State WV Zip Code 24870

Purpose of Disbursement
P-2016 State House 22 WV

011

Candidate Name

Daniel J Hall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 22

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : B550052

Amount of Each Disbursement this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Mitch Carmichael

Mailing Address 2 Colonial Dr

City Ripley State WV Zip Code 25271

Purpose of Disbursement
P-2016 State Senate 4 WV

011

Candidate Name

Mitch B Carmichael

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : B575211

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

29250.00