

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 230

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

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

A. Bauer, David, L, ,

Mailing Address 2081 MAJESTY CT

City
AKRONState
OHZip Code
44333-1282FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Erie Insurance GroupOccupation (for Individual)
VP Field Life Sales Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : A2019-1958251

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Bauer, David, L, ,

Mailing Address 2081 MAJESTY CT

City
AKRONState
OHZip Code
44333-1282FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Erie Insurance GroupOccupation (for Individual)
VP Field Life Sales Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : A2019-2202361

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Bauer, David, L, ,

Mailing Address 2081 MAJESTY CT

City
AKRONState
OHZip Code
44333-1282FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Erie Insurance GroupOccupation (for Individual)
VP Field Life Sales Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : A2019-2514480

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

350.00

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