

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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"/>		72351.24
(b) Cash on Hand at Beginning of Reporting Period.....	73294.92	
(c) Total Receipts (from Line 19)	55453.96	113147.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	128748.88	185498.88
7. Total Disbursements (from Line 31).....	39650.00	96400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	89098.88	89098.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

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: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

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).....	51462.78	93616.72
(ii) Unitemized	3991.18	19530.92
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	55453.96	113147.64
(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)	55453.96	113147.64
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))..... ▶	55453.96	113147.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	55453.96	113147.64

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15300.00	42800.00
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	24350.00	53600.00
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)) ..	39650.00	96400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39650.00	96400.00

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)	55453.96	113147.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55453.96	113147.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Shane Badon
Full Name (Last, First, Middle Initial)

Mailing Address 6399 KILLOE RD

City BALDWINSVILLE	State NY	Zip Code 13027-9073
-----------------------	-------------	------------------------

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

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

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
10	/	26	/	2015

Transaction ID : A2015-2380517

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 6399 KILLOE RD

City BALDWINSVILLE	State NY	Zip Code 13027-9073
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2015

Transaction ID : A2015-2552958

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 6399 KILLOE RD

City BALDWINSVILLE	State NY	Zip Code 13027-9073
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789674

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
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 187
(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. 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 ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684268

Amount of Each Receipt this Period
 120.00

Memo Item

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 ▼
 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937982

Amount of Each Receipt this Period
 80.00

Memo Item

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 ▼
 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197948

Amount of Each Receipt this Period
 80.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 187
(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. 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 ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380492

Amount of Each Receipt this Period
 80.00

Memo Item

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 ▼
 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552933

Amount of Each Receipt this Period
 80.00

Memo Item

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 ▼
 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789779

Amount of Each Receipt this Period
 120.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 187
(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. Daniel S Barnett

Mailing Address 2675 CHELSIE DR

City State Zip Code
 ERIE PA 16509-4682

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

Name of Employer Occupation
 Erie Insurance Group SSV--P/C Actuarial

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
 10 / 26 / 2015
Transaction ID : A2015-2380424

Amount of Each Receipt this Period
 20.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Daniel S Barnett

Mailing Address 2675 CHELSIE DR

City State Zip Code
 ERIE PA 16509-4682

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

Name of Employer Occupation
 Erie Insurance Group SSV--P/C Actuarial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552866

Amount of Each Receipt this Period
 20.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Daniel S Barnett

Mailing Address 2675 CHELSIE DR

City State Zip Code
 ERIE PA 16509-4682

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

Name of Employer Occupation
 Erie Insurance Group SSV--P/C Actuarial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789712

Amount of Each Receipt this Period
 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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 11 OF 187
	<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. 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684230
 Amount of Each Receipt this Period
 150.00
 Memo Item

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 ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937944
 Amount of Each Receipt this Period
 100.00
 Memo Item

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 ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197910
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 12 OF 187
	<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. 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 **1050.00**

Date of Receipt **10 / 26 / 2015**
Transaction ID : A2015-2380454
 Amount of Each Receipt this Period **100.00**
 Memo Item

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 **1150.00**

Date of Receipt **11 / 26 / 2015**
Transaction ID : A2015-2552896
 Amount of Each Receipt this Period **100.00**
 Memo Item

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 **1300.00**

Date of Receipt **12 / 24 / 2015**
Transaction ID : A2015-2789742
 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).....	

**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 187
(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 Bednar
 Full Name (Last, First, Middle Initial)
 Mailing Address 8019 W LAKE RD
 City State Zip Code
 FAIRVIEW PA 16415-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Executive Support
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 437.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684175
 Amount of Each Receipt this Period
 88.62
 Memo Item

B. David L Bednar
 Full Name (Last, First, Middle Initial)
 Mailing Address 8019 W LAKE RD
 City State Zip Code
 FAIRVIEW PA 16415-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Executive Support
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 496.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937889
 Amount of Each Receipt this Period
 59.08
 Memo Item

C. David L Bednar
 Full Name (Last, First, Middle Initial)
 Mailing Address 8019 W LAKE RD
 City State Zip Code
 FAIRVIEW PA 16415-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Executive Support
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 555.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197855
 Amount of Each Receipt this Period
 59.08
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 206.78
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: PAGE 14 OF 187
(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 Bednar
 Full Name (Last, First, Middle Initial)
 Mailing Address 8019 W LAKE RD
 City State Zip Code
 FAIRVIEW PA 16415-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Executive Support
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 614.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380399
 Amount of Each Receipt this Period
 59.08
 Memo Item

B. David L Bednar
 Full Name (Last, First, Middle Initial)
 Mailing Address 8019 W LAKE RD
 City State Zip Code
 FAIRVIEW PA 16415-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Executive Support
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 673.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552841
 Amount of Each Receipt this Period
 59.08
 Memo Item

C. David L Bednar
 Full Name (Last, First, Middle Initial)
 Mailing Address 8019 W LAKE RD
 City State Zip Code
 FAIRVIEW PA 16415-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Executive Support
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 762.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789687
 Amount of Each Receipt this Period
 88.62
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 206.78
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 15 OF 187
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Brian W Bolash		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : A2015-2380491
Mailing Address 6215 BRANDY RUN		Amount of Each Receipt this Period 20.00
City FAIRVIEW	State PA	Zip Code 16415-3307
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Erie Insurance Group	Occupation Asst Secy & Sr Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Brian W Bolash		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2015 Transaction ID : A2015-2552932
Mailing Address 6215 BRANDY RUN		Amount of Each Receipt this Period 20.00
City FAIRVIEW	State PA	Zip Code 16415-3307
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Erie Insurance Group	Occupation Asst Secy & Sr Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Brian W Bolash		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2015 Transaction ID : A2015-2789778
Mailing Address 6215 BRANDY RUN		Amount of Each Receipt this Period 30.00
City FAIRVIEW	State PA	Zip Code 16415-3307
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Erie Insurance Group	Occupation Asst Secy & Sr Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 16 OF 187
(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. Douglas G Boldt

Mailing Address 238 CONNECTICUT DR

City State Zip Code
 ERIE PA 16505-2212

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

Name of Employer Occupation
 Erie Insurance Group Service Level Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 211.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380514

Amount of Each Receipt this Period
 20.28

Memo Item

Full Name (Last, First, Middle Initial)
B. Douglas G Boldt

Mailing Address 238 CONNECTICUT DR

City State Zip Code
 ERIE PA 16505-2212

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

Name of Employer Occupation
 Erie Insurance Group Service Level Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 232.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552955

Amount of Each Receipt this Period
 20.28

Memo Item

Full Name (Last, First, Middle Initial)
C. Douglas G Boldt

Mailing Address 238 CONNECTICUT DR

City State Zip Code
 ERIE PA 16505-2212

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

Name of Employer Occupation
 Erie Insurance Group Service Level Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 262.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789801

Amount of Each Receipt this Period
 30.42

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.98

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 17 OF 187
	<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	<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. Jeffrey W Brinling		Date of Receipt
Mailing Address 5603 STONERIDGE DR		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City State Zip Code FAIRVIEW PA 16415-2243		Transaction ID : A2015-1684164
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Erie Insurance Group SVP Corporate Services		<input type="text" value="147.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼ <input type="text" value="735.00"/>		

Full Name (Last, First, Middle Initial) B. Jeffrey W Brinling		Date of Receipt
Mailing Address 5603 STONERIDGE DR		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City State Zip Code FAIRVIEW PA 16415-2243		Transaction ID : A2015-1937878
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Erie Insurance Group SVP Corporate Services		<input type="text" value="98.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼ <input type="text" value="833.00"/>		

Full Name (Last, First, Middle Initial) C. Jeffrey W Brinling		Date of Receipt
Mailing Address 5603 STONERIDGE DR		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code FAIRVIEW PA 16415-2243		Transaction ID : A2015-2197844
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Erie Insurance Group SVP Corporate Services		<input type="text" value="98.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼ <input type="text" value="931.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="343.00"/>
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 18 OF 187
(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. Jeffrey W Brinling
 Full Name (Last, First, Middle Initial)
 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 ▼
 1029.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380388
 Amount of Each Receipt this Period
 98.00
 Memo Item

B. Jeffrey W Brinling
 Full Name (Last, First, Middle Initial)
 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 ▼
 1127.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552830
 Amount of Each Receipt this Period
 98.00
 Memo Item

C. Jeffrey W Brinling
 Full Name (Last, First, Middle Initial)
 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 ▼
 1274.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789676
 Amount of Each Receipt this Period
 147.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 343.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 19 OF 187
(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. Patrick J Burns

Mailing Address 8391 SUN LAKE DR

City GIRARD	State PA	Zip Code 16417-7013
----------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP Corporate Claims Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : A2015-1684234

Amount of Each Receipt this Period
210.00

Memo Item

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

Mailing Address 8391 SUN LAKE DR

City GIRARD	State PA	Zip Code 16417-7013
----------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP Corporate Claims Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1190.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937948

Amount of Each Receipt this Period
140.00

Memo Item

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

Mailing Address 8391 SUN LAKE DR

City GIRARD	State PA	Zip Code 16417-7013
----------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP Corporate Claims Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : A2015-2197914

Amount of Each Receipt this Period
140.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	490.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 187
	<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. Patrick J Burns
Full Name (Last, First, Middle Initial)
Mailing Address 8391 SUN LAKE DR
City GIRARD State PA Zip Code 16417-7013
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation VP Corporate Claims Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1470.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A2015-2380458
Amount of Each Receipt this Period 140.00
 Memo Item

B. Patrick J Burns
Full Name (Last, First, Middle Initial)
Mailing Address 8391 SUN LAKE DR
City GIRARD State PA Zip Code 16417-7013
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation VP Corporate Claims Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1610.00

Date of Receipt 11 / 26 / 2015
Transaction ID : A2015-2552900
Amount of Each Receipt this Period 140.00
 Memo Item

C. Patrick J Burns
Full Name (Last, First, Middle Initial)
Mailing Address 8391 SUN LAKE DR
City GIRARD State PA Zip Code 16417-7013
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation VP Corporate Claims Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1820.00

Date of Receipt 12 / 24 / 2015
Transaction ID : A2015-2789746
Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.00
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 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Richard F Burt Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 3710 VOLKMAN RD
City ERIE State PA Zip Code 16506-4759
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation EVP Products
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2307.75**

Date of Receipt **07 / 24 / 2015**
Transaction ID : A2015-1684275
Amount of Each Receipt this Period **461.55**
 Memo Item

B. Richard F Burt Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 3710 VOLKMAN RD
City ERIE State PA Zip Code 16506-4759
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation EVP Products
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2615.45**

Date of Receipt **08 / 26 / 2015**
Transaction ID : A2015-1937989
Amount of Each Receipt this Period **307.70**
 Memo Item

C. Richard F Burt Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 3710 VOLKMAN RD
City ERIE State PA Zip Code 16506-4759
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation EVP Products
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2923.15**

Date of Receipt **09 / 25 / 2015**
Transaction ID : A2015-2197955
Amount of Each Receipt this Period **307.70**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1076.95
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 187
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Richard F Burt Jr.
 Full Name (Last, First, Middle Initial)
 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 ▼
 3230.85

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380499
 Amount of Each Receipt this Period
 307.70
 Memo Item

B. Richard F Burt Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3710 VOLKMAN RD
 City 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 ▼
 3538.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552940
 Amount of Each Receipt this Period
 307.70
 Memo Item

C. Richard F Burt Jr.
 Full Name (Last, First, Middle Initial)
 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 ▼
 4000.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789786
 Amount of Each Receipt this Period
 461.55
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1076.95
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Raymond T Cogan
Full Name (Last, First, Middle Initial)
Mailing Address 6743 BURNSIDE LN

City DUBLIN	State OH	Zip Code 43016-8015
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : A2015-1684193

Amount of Each Receipt this Period
43.56

Memo Item

B. Raymond T Cogan
Full Name (Last, First, Middle Initial)
Mailing Address 6743 BURNSIDE LN

City DUBLIN	State OH	Zip Code 43016-8015
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
244.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937907

Amount of Each Receipt this Period
29.04

Memo Item

C. Raymond T Cogan
Full Name (Last, First, Middle Initial)
Mailing Address 6743 BURNSIDE LN

City DUBLIN	State OH	Zip Code 43016-8015
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : A2015-2197873

Amount of Each Receipt this Period
29.04

Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	101.64
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 24 OF 187
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)
A. Raymond T Cogan

Mailing Address 6743 BURNSIDE LN

City DUBLIN	State OH	Zip Code 43016-8015
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **302.96**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : A2015-2380417

Amount of Each Receipt this Period

29.04

 Memo Item

Full Name (Last, First, Middle Initial)
B. Raymond T Cogan

Mailing Address 6743 BURNSIDE LN

City DUBLIN	State OH	Zip Code 43016-8015
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2015

Transaction ID : A2015-2552859

Amount of Each Receipt this Period

29.04

 Memo Item

Full Name (Last, First, Middle Initial)
C. Raymond T Cogan

Mailing Address 6743 BURNSIDE LN

City DUBLIN	State OH	Zip Code 43016-8015
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.56**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789705

Amount of Each Receipt this Period

43.56

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	101.64
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: (check only one)	PAGE 25 OF 187
	<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. Bradley A Corso
 Full Name (Last, First, Middle Initial)
 Mailing Address 3381 ANCHORAGE LN
 City State Zip Code
 HILLIARD OH 43026-7819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Field Govt Relations Spct
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380486
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Bradley A Corso
 Full Name (Last, First, Middle Initial)
 Mailing Address 3381 ANCHORAGE LN
 City State Zip Code
 HILLIARD OH 43026-7819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Field Govt Relations Spct
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552927
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Bradley A Corso
 Full Name (Last, First, Middle Initial)
 Mailing Address 3381 ANCHORAGE LN
 City State Zip Code
 HILLIARD OH 43026-7819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Field Govt Relations Spct
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789773
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 26 OF 187
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Shawn C Cummings
 Full Name (Last, First, Middle Initial)
 Mailing Address 1844 BUXTON WAY
 City BURLINGTON State NC Zip Code 27215-9435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Dir Strategic Agency Invstmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684205
 Amount of Each Receipt this Period
 146.25
 Memo Item

B. Shawn C Cummings
 Full Name (Last, First, Middle Initial)
 Mailing Address 1844 BUXTON WAY
 City BURLINGTON State NC Zip Code 27215-9435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Dir Strategic Agency Invstmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 822.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937919
 Amount of Each Receipt this Period
 97.50
 Memo Item

C. Shawn C Cummings
 Full Name (Last, First, Middle Initial)
 Mailing Address 1844 BUXTON WAY
 City BURLINGTON State NC Zip Code 27215-9435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Dir Strategic Agency Invstmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197885
 Amount of Each Receipt this Period
 97.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	341.25
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 187
	<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. Shawn C Cummings
Full Name (Last, First, Middle Initial)
Mailing Address 1844 BUXTON WAY

City BURLINGTON	State NC	Zip Code 27215-9435
--------------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation Dir Strategic Agency Invstmt
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1017.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : A2015-2380429

Amount of Each Receipt this Period

97.50

 Memo Item

B. Shawn C Cummings
Full Name (Last, First, Middle Initial)
Mailing Address 1844 BUXTON WAY

City BURLINGTON	State NC	Zip Code 27215-9435
--------------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation Dir Strategic Agency Invstmt
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1115.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2015

Transaction ID : A2015-2552871

Amount of Each Receipt this Period

97.50

 Memo Item

C. Shawn C Cummings
Full Name (Last, First, Middle Initial)
Mailing Address 1844 BUXTON WAY

City BURLINGTON	State NC	Zip Code 27215-9435
--------------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation Dir Strategic Agency Invstmt
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1261.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789717

Amount of Each Receipt this Period

146.25

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	341.25
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 187
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Erie Indemnity Company PAC - Federal

A. Anthony DaBreo
Full Name (Last, First, Middle Initial)
Mailing Address 6223 WELKER DR
City INDIANAPOLIS State IN Zip Code 46236-6303
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 ▼ 210.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A2015-2380391
Amount of Each Receipt this Period 20.00
 Memo Item

B. Anthony DaBreo
Full Name (Last, First, Middle Initial)
Mailing Address 6223 WELKER DR
City INDIANAPOLIS State IN Zip Code 46236-6303
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 ▼ 230.00

Date of Receipt 11 / 26 / 2015
Transaction ID : A2015-2552833
Amount of Each Receipt this Period 20.00
 Memo Item

C. Anthony DaBreo
Full Name (Last, First, Middle Initial)
Mailing Address 6223 WELKER DR
City INDIANAPOLIS State IN Zip Code 46236-6303
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 ▼ 260.00

Date of Receipt 12 / 24 / 2015
Transaction ID : A2015-2789679
Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 29 OF 187
(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 ▼
 2307.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684239

Amount of Each Receipt this Period
 461.55

Memo Item

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 ▼
 2615.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937953

Amount of Each Receipt this Period
 307.70

Memo Item

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 ▼
 2923.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197919

Amount of Each Receipt this Period
 307.70

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1076.95

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 187
(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 ▼
 3230.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380463

Amount of Each Receipt this Period
 307.70

Memo Item

Full Name (Last, First, Middle Initial)
B. Joseph W Deno

Mailing Address 5900 JESSUP RD

City State Zip Code
 CINCINNATI OH 45247-5826

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

Name of Employer Occupation
 Erie Insurance Group Property Adjuster II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 204.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789734

Amount of Each Receipt this Period
 23.64

Memo Item

Full Name (Last, First, Middle Initial)
C. 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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684183

Amount of Each Receipt this Period
 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 406.34

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 31 OF 187
(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. Mark Dombrowski

Mailing Address 4361 COOPER RD

City ERIE	State PA	Zip Code 16510-6621
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP Government Relations
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937897

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 4361 COOPER RD

City ERIE	State PA	Zip Code 16510-6621
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP Government Relations
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	25	/	2015

Transaction ID : A2015-2197863

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 4361 COOPER RD

City ERIE	State PA	Zip Code 16510-6621
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP Government Relations
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	26	/	2015

Transaction ID : A2015-2380407

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 187
(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. 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 ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552849

Amount of Each Receipt this Period
 50.00

Memo Item

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 ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789695

Amount of Each Receipt this Period
 75.00

Memo Item

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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684283

Amount of Each Receipt this Period
 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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 33 OF 187
	<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. Brian R Dorio
 Full Name (Last, First, Middle Initial)
 Mailing Address 344 E 5TH ST
 City ERIE State PA Zip Code 16507-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Project Manager II (IT)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937997
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Brian R Dorio
 Full Name (Last, First, Middle Initial)
 Mailing Address 344 E 5TH ST
 City ERIE State PA Zip Code 16507-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Project Manager II (IT)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197963
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Brian R Dorio
 Full Name (Last, First, Middle Initial)
 Mailing Address 344 E 5TH ST
 City ERIE State PA Zip Code 16507-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Project Manager II (IT)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380507
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 187
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 344 E 5TH ST

City ERIE	State PA	Zip Code 16507-1608
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2015

Transaction ID : A2015-2552948

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 344 E 5TH ST

City ERIE	State PA	Zip Code 16507-1608
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789794

Amount of Each Receipt this Period
75.00

Memo Item

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

Mailing Address 289 NIAGARA POINT DR

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : A2015-1684187

Amount of Each Receipt this Period
461.55

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	586.55
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 35 OF 187
	<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. George D Dufala
Full Name (Last, First, Middle Initial)

Mailing Address 289 NIAGARA POINT DR

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2615.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937901

Amount of Each Receipt this Period
 307.70

Memo Item

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

Mailing Address 289 NIAGARA POINT DR

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2923.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197867

Amount of Each Receipt this Period
 307.70

Memo Item

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

Mailing Address 289 NIAGARA POINT DR

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3230.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380411

Amount of Each Receipt this Period
 307.70

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	923.10
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 187
(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. 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 ▼
 3538.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552853

Amount of Each Receipt this Period
 307.70

Memo Item

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

Mailing Address 289 NIAGARA POINT DR

City State Zip Code
 ERIE PA 16507-2321

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

Name of Employer Occupation
 Erie Insurance Group EVP Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4000.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789699

Amount of Each Receipt this Period
 461.55

Memo Item

Full Name (Last, First, Middle Initial)
C. Sean D Dugan

Mailing Address 4204 TRASK AVE

City State Zip Code
 ERIE PA 16508-3142

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

Name of Employer Occupation
 Erie Insurance Group VP Recruiting & Comm Outreach

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684184

Amount of Each Receipt this Period
 54.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 823.25

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 187
(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. Sean D Dugan
 Full Name (Last, First, Middle Initial)
 Mailing Address 4204 TRASK AVE
 City State Zip Code
 ERIE PA 16508-3142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Recruiting & Comm Outreach
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 306.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937898
 Amount of Each Receipt this Period
 36.00
 Memo Item

B. Sean D Dugan
 Full Name (Last, First, Middle Initial)
 Mailing Address 4204 TRASK AVE
 City State Zip Code
 ERIE PA 16508-3142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Recruiting & Comm Outreach
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197864
 Amount of Each Receipt this Period
 36.00
 Memo Item

C. Sean D Dugan
 Full Name (Last, First, Middle Initial)
 Mailing Address 4204 TRASK AVE
 City State Zip Code
 ERIE PA 16508-3142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Recruiting & Comm Outreach
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380408
 Amount of Each Receipt this Period
 36.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 108.00
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 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Sean D Dugan
Full Name (Last, First, Middle Initial)

Mailing Address 4204 TRASK AVE

City ERIE	State PA	Zip Code 16508-3142
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP Recruiting & Comm Outreach
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
414.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	26	/	2015

Transaction ID : A2015-2552850

Amount of Each Receipt this Period
36.00

Memo Item

B. Sean D Dugan
Full Name (Last, First, Middle Initial)

Mailing Address 4204 TRASK AVE

City ERIE	State PA	Zip Code 16508-3142
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP Recruiting & Comm Outreach
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789696

Amount of Each Receipt this Period
54.00

Memo Item

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

Mailing Address 600 RIDGEVIEW DR

City ERIE	State PA	Zip Code 16505-1056
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation SVP Actuarial & Chief Actuary
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
453.30

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	24	/	2015

Transaction ID : A2015-1684286

Amount of Each Receipt this Period
91.14

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	181.14
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 39 OF 187
(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 ▼
 514.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1938000
 Amount of Each Receipt this Period
 60.76
 Memo Item

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 ▼
 574.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197966
 Amount of Each Receipt this Period
 60.76
 Memo Item

C. 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 ▼
 635.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380510
 Amount of Each Receipt this Period
 60.76
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 182.28
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 40 OF 187
(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 C Eastwood
 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 ▼
 696.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552951
 Amount of Each Receipt this Period
 60.76
 Memo Item

Full Name (Last, First, Middle Initial)
B. Bradley C Eastwood
 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 ▼
 787.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789797
 Amount of Each Receipt this Period
 91.14
 Memo Item

Full Name (Last, First, Middle Initial)
C. Andrew M Erman
 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 ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684279
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 301.90
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 41 OF 187
(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. Andrew M Erman

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 ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937993

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Andrew M Erman

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 ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : A2015-2197959

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Andrew M Erman

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 ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : A2015-2380503

Amount of Each Receipt this Period
100.00

Memo Item

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 42 OF 187
	<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 M Eрман		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2015 Transaction ID : A2015-2552944
Mailing Address 3693 VOLKMAN RD		Amount of Each Receipt this Period 100.00
City ERIE	State PA	Zip Code 16506-4767
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Erie Insurance Group	Occupation VP & Chief Life Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) B. Andrew M Eрман		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2015 Transaction ID : A2015-2789790
Mailing Address 3693 VOLKMAN RD		Amount of Each Receipt this Period 150.00
City ERIE	State PA	Zip Code 16506-4767
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Erie Insurance Group	Occupation VP & Chief Life Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. Ruben F Fechner III		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2015 Transaction ID : A2015-1684287
Mailing Address 6045 FOSSILWOOD CT		Amount of Each Receipt this Period 317.31
City ERIE	State PA	Zip Code 16506-7013
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
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 ▼ 1571.15	

SUBTOTAL of Receipts This Page (optional).....▶	567.31
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 187
(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 State Zip Code
 ERIE PA 16506-7013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Information Technology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1782.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1938001
 Amount of Each Receipt this Period
 211.54
 Memo Item

B. Ruben F Fechner III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6045 FOSSILWOOD CT
 City State Zip Code
 ERIE PA 16506-7013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Information Technology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1994.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197967
 Amount of Each Receipt this Period
 211.54
 Memo Item

C. Ruben F Fechner III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6045 FOSSILWOOD CT
 City State Zip Code
 ERIE PA 16506-7013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Information Technology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2205.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380511
 Amount of Each Receipt this Period
 211.54
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 634.62
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 44 OF 187
(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. Ruben F Fechner III

Mailing Address 6045 FOSSILWOOD CT

City ERIE	State PA	Zip Code 16506-7013
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2417.31

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	26	/	2015

Transaction ID : A2015-2552952

Amount of Each Receipt this Period
211.54

Memo Item

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

Mailing Address 6045 FOSSILWOOD CT

City ERIE	State PA	Zip Code 16506-7013
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2734.62

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789798

Amount of Each Receipt this Period
317.31

Memo Item

Full Name (Last, First, Middle Initial)
C. Kathleen Felong Pietrusinski

Mailing Address 4316 TROON AVE

City ERIE	State PA	Zip Code 16506-3656
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	24	/	2015

Transaction ID : A2015-1684192

Amount of Each Receipt this Period
42.90

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	571.75
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 187
(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. Kathleen Felong Pietrusinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 4316 TROON AVE
 City State Zip Code
 ERIE PA 16506-3656
 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 ▼
 238.62

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937906
 Amount of Each Receipt this Period
 28.60
 Memo Item

B. Kathleen Felong Pietrusinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 4316 TROON AVE
 City State Zip Code
 ERIE PA 16506-3656
 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 ▼
 267.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197872
 Amount of Each Receipt this Period
 28.60
 Memo Item

C. Kathleen Felong Pietrusinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 4316 TROON AVE
 City State Zip Code
 ERIE PA 16506-3656
 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 ▼
 295.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380416
 Amount of Each Receipt this Period
 28.60
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.80
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 187
(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. Kathleen Felong Pietrusinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 4316 TROON AVE
 City State Zip Code
 ERIE PA 16506-3656
 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 ▼
 324.42

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552858
 Amount of Each Receipt this Period
 28.60
 Memo Item

B. Kathleen Felong Pietrusinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 4316 TROON AVE
 City State Zip Code
 ERIE PA 16506-3656
 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 ▼
 367.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789704
 Amount of Each Receipt this Period
 42.90
 Memo Item

C. Lorianne Feltz
 Full Name (Last, First, Middle Initial)
 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 ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684173
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 221.50
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 47 OF 187
(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. 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 ▼
 850.00

Date of Receipt
 08 / 26 / 2015
Transaction ID : A2015-1937887

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. 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 ▼
 950.00

Date of Receipt
 09 / 25 / 2015
Transaction ID : A2015-2197853

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. 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 ▼
 1050.00

Date of Receipt
 10 / 26 / 2015
Transaction ID : A2015-2380397

Amount of Each Receipt this Period
 100.00

Memo Item

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 48 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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 ▼
1150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 26 / 2015
Transaction ID : A2015-2552839

Amount of Each Receipt this Period
100.00

Memo Item

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

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 ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 24 / 2015
Transaction ID : A2015-2789685

Amount of Each Receipt this Period
150.00

Memo Item

C. Michael J Filipski
Full Name (Last, First, Middle Initial)

Mailing Address 4436 W 28TH ST

City State Zip Code
ERIE PA 16506-1455

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

Name of Employer Occupation
Erie Insurance Group SSV--Premium Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 26 / 2015
Transaction ID : A2015-2380418

Amount of Each Receipt this Period
20.00

Memo Item

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 49 OF 187
(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. Michael J Filipski

Mailing Address 4436 W 28TH ST

City State Zip Code
 ERIE PA 16506-1455

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

Name of Employer Occupation
 Erie Insurance Group SSV--Premium Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552860

Amount of Each Receipt this Period
 20.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Michael J Filipski

Mailing Address 4436 W 28TH ST

City State Zip Code
 ERIE PA 16506-1455

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

Name of Employer Occupation
 Erie Insurance Group SSV--Premium Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789706

Amount of Each Receipt this Period
 30.00

Memo Item

Full Name (Last, First, Middle Initial)
C. 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 ▼
 288.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684263

Amount of Each Receipt this Period
 57.75

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.75

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 187
(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. Douglas N Fitzgerald
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 WEDGEWOOD WAY
 City YORK State PA Zip Code 17408-9464
 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 ▼ 327.25

Date of Receipt 08 / 26 / 2015
Transaction ID : A2015-1937977
 Amount of Each Receipt this Period 38.50
 Memo Item

B. Douglas N Fitzgerald
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 WEDGEWOOD WAY
 City YORK State PA Zip Code 17408-9464
 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 ▼ 365.75

Date of Receipt 09 / 25 / 2015
Transaction ID : A2015-2197943
 Amount of Each Receipt this Period 38.50
 Memo Item

C. Douglas N Fitzgerald
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 WEDGEWOOD WAY
 City YORK State PA Zip Code 17408-9464
 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 ▼ 404.25

Date of Receipt 10 / 26 / 2015
Transaction ID : A2015-2380487
 Amount of Each Receipt this Period 38.50
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.50
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 51 OF 187
(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. Douglas N Fitzgerald
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 WEDGEWOOD WAY
 City YORK State PA Zip Code 17408-9464
 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 ▼ 442.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552928
 Amount of Each Receipt this Period
 38.50
 Memo Item

B. Douglas N Fitzgerald
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 WEDGEWOOD WAY
 City YORK State PA Zip Code 17408-9464
 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 ▼ 500.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789774
 Amount of Each Receipt this Period
 57.75
 Memo Item

C. Charles M Fletcher
 Full Name (Last, First, Middle Initial)
 Mailing Address 181 FREEDOM DR
 City PARKERSBURG State WV Zip Code 26101-8505
 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 ▼ 654.19

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684212
 Amount of Each Receipt this Period
 128.85
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.10
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 52 OF 187
	<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. Charles M Fletcher
Full Name (Last, First, Middle Initial)
Mailing Address 181 FREEDOM DR
City PARKERSBURG State WV Zip Code 26101-8505
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 **740.09**

Date of Receipt **08 / 26 / 2015**
Transaction ID : A2015-1937926
Amount of Each Receipt this Period **85.90**
 Memo Item

B. Charles M Fletcher
Full Name (Last, First, Middle Initial)
Mailing Address 181 FREEDOM DR
City PARKERSBURG State WV Zip Code 26101-8505
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 **825.99**

Date of Receipt **09 / 25 / 2015**
Transaction ID : A2015-2197892
Amount of Each Receipt this Period **85.90**
 Memo Item

C. Charles M Fletcher
Full Name (Last, First, Middle Initial)
Mailing Address 181 FREEDOM DR
City PARKERSBURG State WV Zip Code 26101-8505
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 **911.89**

Date of Receipt **10 / 26 / 2015**
Transaction ID : A2015-2380436
Amount of Each Receipt this Period **85.90**
 Memo Item

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 53 OF 187
(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. Charles M Fletcher
 Full Name (Last, First, Middle Initial)
 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 ▼
 997.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552878
 Amount of Each Receipt this Period
 85.90
 Memo Item

B. Charles M Fletcher
 Full Name (Last, First, Middle Initial)
 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 ▼
 1126.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789724
 Amount of Each Receipt this Period
 128.85
 Memo Item

C. Theresa M Gamble
 Full Name (Last, First, Middle Initial)
 Mailing Address 1049 W 24TH ST
 City State Zip Code
 ERIE PA 16502-2424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Compliance Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684176
 Amount of Each Receipt this Period
 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 259.75
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 187
(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. Theresa M Gamble
 Full Name (Last, First, Middle Initial)
 Mailing Address 1049 W 24TH ST
 City State Zip Code
 ERIE PA 16502-2424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Compliance Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937890
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Theresa M Gamble
 Full Name (Last, First, Middle Initial)
 Mailing Address 1049 W 24TH ST
 City State Zip Code
 ERIE PA 16502-2424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Compliance Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197856
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Theresa M Gamble
 Full Name (Last, First, Middle Initial)
 Mailing Address 1049 W 24TH ST
 City State Zip Code
 ERIE PA 16502-2424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Compliance Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380400
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
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 55 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Theresa M Gamble
Full Name (Last, First, Middle Initial)
Mailing Address 1049 W 24TH ST
City ERIE State PA Zip Code 16502-2424
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation Dir Compliance Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **345.00**

Date of Receipt **11 / 26 / 2015**
Transaction ID : A2015-2552842
Amount of Each Receipt this Period **30.00**
 Memo Item

B. Theresa M Gamble
Full Name (Last, First, Middle Initial)
Mailing Address 1049 W 24TH ST
City ERIE State PA Zip Code 16502-2424
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation Dir Compliance Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **390.00**

Date of Receipt **12 / 24 / 2015**
Transaction ID : A2015-2789688
Amount of Each Receipt this Period **45.00**
 Memo Item

C. William D Gheres
Full Name (Last, First, Middle Initial)
Mailing Address 120 MADELINE DR
City EDINBORO State PA Zip Code 16412-2764
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation Dir Retirement Planning & Adm
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **205.12**

Date of Receipt **07 / 24 / 2015**
Transaction ID : A2015-1684186
Amount of Each Receipt this Period **40.95**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **115.95**
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 187
(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 D Gheres
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 MADELINE DR
 City State Zip Code
 EDINBORO PA 16412-2764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Retirement Planning & Adm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 232.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937900
 Amount of Each Receipt this Period
 27.30
 Memo Item

B. William D Gheres
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 MADELINE DR
 City State Zip Code
 EDINBORO PA 16412-2764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Retirement Planning & Adm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 259.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197866
 Amount of Each Receipt this Period
 27.30
 Memo Item

C. William D Gheres
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 MADELINE DR
 City State Zip Code
 EDINBORO PA 16412-2764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Retirement Planning & Adm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 287.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380410
 Amount of Each Receipt this Period
 27.30
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.90
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: (check only one)	PAGE 57 OF 187
	<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
-----------------------------	-----------------------------	-----------------------------

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. William D Gheres
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 MADELINE DR
 City EDINBORO State PA Zip Code 16412-2764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Dir Retirement Planning & Adm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 314.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552852
 Amount of Each Receipt this Period 27.30
 Memo Item

B. William D Gheres
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 MADELINE DR
 City EDINBORO State PA Zip Code 16412-2764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Dir Retirement Planning & Adm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.27

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789698
 Amount of Each Receipt this Period 40.95
 Memo Item

C. David R Glod
 Full Name (Last, First, Middle Initial)
 Mailing Address 4902 REESE RD
 City ERIE State PA Zip Code 16510-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Sr Portfolio Mgr Fxd Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684232
 Amount of Each Receipt this Period 135.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	203.25
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 58 OF 187
(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 ▼
 765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937946
 Amount of Each Receipt this Period
 90.00
 Memo Item

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 ▼
 855.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197912
 Amount of Each Receipt this Period
 90.00
 Memo Item

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 ▼
 945.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380456
 Amount of Each Receipt this Period
 90.00
 Memo Item

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: (check only one)	PAGE 59 OF 187
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. David R Glod
 Full Name (Last, First, Middle Initial)
 Mailing Address 4902 REESE RD
 City ERIE State PA Zip Code 16510-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Sr Portfolio Mgr Fxd Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1035.00**

Date of Receipt **11 / 26 / 2015**
Transaction ID : A2015-2552898
 Amount of Each Receipt this Period **90.00**
 Memo Item

B. David R Glod
 Full Name (Last, First, Middle Initial)
 Mailing Address 4902 REESE RD
 City ERIE State PA Zip Code 16510-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Sr Portfolio Mgr Fxd Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1170.00**

Date of Receipt **12 / 24 / 2015**
Transaction ID : A2015-2789744
 Amount of Each Receipt this Period **135.00**
 Memo Item

C. Gregory J Gutting
 Full Name (Last, First, Middle Initial)
 Mailing Address 529 SYBIL DR
 City ERIE State PA Zip Code 16505-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Controller
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1545.91**

Date of Receipt **07 / 24 / 2015**
Transaction ID : A2015-1684169
 Amount of Each Receipt this Period **312.39**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	537.39
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 187
(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. 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 ▼
 1754.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937883
 Amount of Each Receipt this Period
 208.26
 Memo Item

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 ▼
 1962.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197849
 Amount of Each Receipt this Period
 208.26
 Memo Item

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 ▼
 2170.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380393
 Amount of Each Receipt this Period
 208.26
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.78
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: PAGE 61 OF 187
(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. Gregory J Gutting

Mailing Address 529 SYBIL DR

City State Zip Code
 ERIE PA 16505-2151

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

Name of Employer Occupation
 Erie Insurance Group SVP Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2488.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552835

Amount of Each Receipt this Period
 318.18

Memo Item

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

Mailing Address 529 SYBIL DR

City State Zip Code
 ERIE PA 16505-2151

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

Name of Employer Occupation
 Erie Insurance Group SVP Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2944.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789681

Amount of Each Receipt this Period
 455.76

Memo Item

Full Name (Last, First, Middle Initial)
C. James K Harvey

Mailing Address 3917 BEECH AVE

City State Zip Code
 ERIE PA 16508-3114

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

Name of Employer Occupation
 Erie Insurance Group Sr Talent Management Cons

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 359.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684243

Amount of Each Receipt this Period
 72.45

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 846.39

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 187
(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. James K Harvey

Mailing Address 3917 BEECH AVE

City ERIE	State PA	Zip Code 16508-3114
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation Sr Talent Management Cons
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
407.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937957

Amount of Each Receipt this Period
 48.30

Memo Item

Full Name (Last, First, Middle Initial)
B. James K Harvey

Mailing Address 3917 BEECH AVE

City ERIE	State PA	Zip Code 16508-3114
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation Sr Talent Management Cons
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197923

Amount of Each Receipt this Period
 48.30

Memo Item

Full Name (Last, First, Middle Initial)
C. James K Harvey

Mailing Address 3917 BEECH AVE

City ERIE	State PA	Zip Code 16508-3114
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation Sr Talent Management Cons
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380467

Amount of Each Receipt this Period
 48.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.90
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 63 OF 187
(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 K Harvey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3917 BEECH AVE
 City State Zip Code
 ERIE PA 16508-3114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Sr Talent Management Cons
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 552.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552908
 Amount of Each Receipt this Period
 48.30
 Memo Item

B. James K Harvey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3917 BEECH AVE
 City State Zip Code
 ERIE PA 16508-3114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Sr Talent Management Cons
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789754
 Amount of Each Receipt this Period
 72.45
 Memo Item

C. Larry J Hasbrouck
 Full Name (Last, First, Middle Initial)
 Mailing Address 4110 GROVE AVE
 City State Zip Code
 RICHMOND VA 23221-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Liability Claims Supervisor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 213.38

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380495
 Amount of Each Receipt this Period
 20.36
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.11
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 64 OF 187
(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. Larry J Hasbrouck
 Full Name (Last, First, Middle Initial)
 Mailing Address 4110 GROVE AVE
 City RICHMOND State VA Zip Code 23221-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Liability Claims Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.74

Date of Receipt 11 / 26 / 2015
Transaction ID : A2015-2552936
 Amount of Each Receipt this Period 20.36
 Memo Item

B. Larry J Hasbrouck
 Full Name (Last, First, Middle Initial)
 Mailing Address 4110 GROVE AVE
 City RICHMOND State VA Zip Code 23221-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Liability Claims Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.28

Date of Receipt 12 / 24 / 2015
Transaction ID : A2015-2789782
 Amount of Each Receipt this Period 30.54
 Memo Item

C. Leo J Heintz
 Full Name (Last, First, Middle Initial)
 Mailing Address 6175 BRANDY RUN
 City FAIRVIEW State PA Zip Code 16415-3305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Product Manager (Cmrl)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 24 / 2015
Transaction ID : A2015-1684202
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 110.90
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 65 OF 187
(check only one)

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

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

A. Leo J Heintz
Full Name (Last, First, Middle Initial)
Mailing Address 6175 BRANDY RUN

City FAIRVIEW	State PA	Zip Code 16415-3305
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937916

Amount of Each Receipt this Period
 40.00

Memo Item

B. Leo J Heintz
Full Name (Last, First, Middle Initial)
Mailing Address 6175 BRANDY RUN

City FAIRVIEW	State PA	Zip Code 16415-3305
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197882

Amount of Each Receipt this Period
 40.00

Memo Item

C. Leo J Heintz
Full Name (Last, First, Middle Initial)
Mailing Address 6175 BRANDY RUN

City FAIRVIEW	State PA	Zip Code 16415-3305
------------------	-------------	------------------------

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

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

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
 10 / 26 / 2015
Transaction ID : A2015-2380426

Amount of Each Receipt this Period
 40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 66 OF 187
(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. Leo J Heintz
 Full Name (Last, First, Middle Initial)
 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 ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552868
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Leo J Heintz
 Full Name (Last, First, Middle Initial)
 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789714
 Amount of Each Receipt this Period
 60.00
 Memo Item

C. Danielle M Hermann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7335 APPLETON CT
 City State Zip Code
 FAIRVIEW PA 16415-3301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Strategic Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 207.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937970
 Amount of Each Receipt this Period
 24.58
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.58
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 67 OF 187
(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. Danielle M Hermann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7335 APPLETON CT
 City State Zip Code
 FAIRVIEW PA 16415-3301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Strategic Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 231.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197936
 Amount of Each Receipt this Period
 24.58
 Memo Item

B. Danielle M Hermann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7335 APPLETON CT
 City State Zip Code
 FAIRVIEW PA 16415-3301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Strategic Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 256.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380480
 Amount of Each Receipt this Period
 24.58
 Memo Item

C. Danielle M Hermann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7335 APPLETON CT
 City State Zip Code
 FAIRVIEW PA 16415-3301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Strategic Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552921
 Amount of Each Receipt this Period
 24.58
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 73.74
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 68 OF 187
	<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. Danielle M Hermann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7335 APPLETON CT
 City FAIRVIEW State PA Zip Code 16415-3301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Dir Strategic Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 317.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789767
 Amount of Each Receipt this Period
 36.87
 Memo Item

B. William N Herr Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3450 TANAGER DR
 City ERIE State PA Zip Code 16506-1156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Corporate Actuarial
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1120.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684280
 Amount of Each Receipt this Period
 216.51
 Memo Item

C. William N Herr Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3450 TANAGER DR
 City ERIE State PA Zip Code 16506-1156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Corporate Actuarial
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1264.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937994
 Amount of Each Receipt this Period
 144.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	397.72
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 69 OF 187
(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 ▼
 1408.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197960
 Amount of Each Receipt this Period
 144.34
 Memo Item

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 ▼
 1553.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380504
 Amount of Each Receipt this Period
 144.34
 Memo Item

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 ▼
 1697.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552945
 Amount of Each Receipt this Period
 144.34
 Memo Item

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: (check only one)	PAGE 70 OF 187
	<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. 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 ▼
 1913.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789791
 Amount of Each Receipt this Period
 216.51
 Memo Item

B. Patrick D Hesidence
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 GLORY DR
 City State Zip Code
 WATERFORD PA 16441-5404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Billing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 243.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684247
 Amount of Each Receipt this Period
 48.99
 Memo Item

C. Patrick D Hesidence
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 GLORY DR
 City State Zip Code
 WATERFORD PA 16441-5404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Billing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 276.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937961
 Amount of Each Receipt this Period
 32.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	298.16
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 71 OF 187
(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 D Hesidence
 Mailing Address 2400 GLORY DR
 City WATERFORD State PA Zip Code 16441-5404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Billing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 309.31

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197927
 Amount of Each Receipt this Period 32.66
 Memo Item

Full Name (Last, First, Middle Initial)
B. Patrick D Hesidence
 Mailing Address 2400 GLORY DR
 City WATERFORD State PA Zip Code 16441-5404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Billing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 341.97

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380471
 Amount of Each Receipt this Period 32.66
 Memo Item

Full Name (Last, First, Middle Initial)
C. Patrick D Hesidence
 Mailing Address 2400 GLORY DR
 City WATERFORD State PA Zip Code 16441-5404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Billing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.63

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552912
 Amount of Each Receipt this Period 32.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	97.98
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 72 OF 187
	<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. Patrick D Hesidence

Mailing Address 2400 GLORY DR

City WATERFORD State PA Zip Code 16441-5404

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

Name of Employer Erie Insurance Group Occupation VP Billing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.62**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 24 / 2015

Transaction ID : A2015-2789758

Amount of Each Receipt this Period
48.99

Memo Item

Full Name (Last, First, Middle Initial)
B. Reginald L Hewett

Mailing Address 405 MAYMOUNT DR

City DURHAM State NC Zip Code 27703-3662

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

Name of Employer Erie Insurance Group Occupation Sr Claims Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.07**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : A2015-2380398

Amount of Each Receipt this Period
19.66

Memo Item

Full Name (Last, First, Middle Initial)
C. Reginald L Hewett

Mailing Address 405 MAYMOUNT DR

City DURHAM State NC Zip Code 27703-3662

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

Name of Employer Erie Insurance Group Occupation Sr Claims Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.73**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 26 / 2015

Transaction ID : A2015-2552840

Amount of Each Receipt this Period
19.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	88.31
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 73 OF 187
	<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. Reginald L Hewett
Full Name (Last, First, Middle Initial)
Mailing Address 405 MAYMOUNT DR
City DURHAM State NC Zip Code 27703-3662
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation Sr Claims Supervisor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 254.22

Date of Receipt 12 / 24 / 2015
Transaction ID : A2015-2789686
Amount of Each Receipt this Period 29.49
 Memo Item

B. 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 ▼ 600.00

Date of Receipt 07 / 24 / 2015
Transaction ID : A2015-1684228
Amount of Each Receipt this Period 120.00
 Memo Item

C. 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 ▼ 680.00

Date of Receipt 08 / 26 / 2015
Transaction ID : A2015-1937942
Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	229.49
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 74 OF 187
(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 ▼
 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197908
 Amount of Each Receipt this Period
 80.00
 Memo Item

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 ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380452
 Amount of Each Receipt this Period
 80.00
 Memo Item

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 ▼
 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552894
 Amount of Each Receipt this Period
 80.00
 Memo Item

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 75 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Melvin L Hirst
Full Name (Last, First, Middle Initial)

Mailing Address 5820 FOREST XING

City 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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789740

Amount of Each Receipt this Period
120.00

Memo Item

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : A2015-1684168

Amount of Each Receipt this Period
60.00

Memo Item

C. 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 ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937882

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	220.00
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 76 OF 187
(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 Holmgren
 Mailing Address 162 E 35TH ST
 City State Zip Code
 ERIE PA 16504-1514
 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 ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197848
 Amount of Each Receipt this Period
 40.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Richard Holmgren
 Mailing Address 162 E 35TH ST
 City State Zip Code
 ERIE PA 16504-1514
 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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380392
 Amount of Each Receipt this Period
 40.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Richard Holmgren
 Mailing Address 162 E 35TH ST
 City State Zip Code
 ERIE PA 16504-1514
 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 ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552834
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ► 120.00
TOTAL This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 77 OF 187
(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 Holmgren

Mailing Address 162 E 35TH ST

City State Zip Code
 ERIE PA 16504-1514

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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789680

Amount of Each Receipt this Period
 60.00

Memo Item

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 ▼
 2307.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684284

Amount of Each Receipt this Period
 461.55

Memo Item

Full Name (Last, First, Middle Initial)
c. 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 ▼
 2615.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937998

Amount of Each Receipt this Period
 307.70

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 829.25

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 78 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. 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 ▼
2923.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : A2015-2197964

Amount of Each Receipt this Period

307.70

 Memo Item

B. 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 ▼
3230.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : A2015-2380508

Amount of Each Receipt this Period

307.70

 Memo Item

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

Mailing Address 1324 S SHORE DR APT 707

City 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 ▼
3538.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2015

Transaction ID : A2015-2552949

Amount of Each Receipt this Period

307.70

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	923.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 187
	<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
-----------------------------	-----------------------------	-----------------------------

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. 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 ▼
 4000.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789795
 Amount of Each Receipt this Period
 461.55
 Memo Item

B. Damien C Josefiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 11114 BOTHWELL ST
 City State Zip Code
 RICHMOND VA 23233-2261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Field Govt Relations Spct
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937963
 Amount of Each Receipt this Period
 24.00
 Memo Item

C. Damien C Josefiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 11114 BOTHWELL ST
 City State Zip Code
 RICHMOND VA 23233-2261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Field Govt Relations Spct
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197929
 Amount of Each Receipt this Period
 24.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	509.55
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 187
(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. Damien C Josefiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 11114 BOTHWELL ST
 City RICHMOND State VA Zip Code 23233-2261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Field Govt Relations Spct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A2015-2380473
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Damien C Josefiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 11114 BOTHWELL ST
 City RICHMOND State VA Zip Code 23233-2261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Field Govt Relations Spct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 11 / 26 / 2015
Transaction ID : A2015-2552914
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Damien C Josefiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 11114 BOTHWELL ST
 City RICHMOND State VA Zip Code 23233-2261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Field Govt Relations Spct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 12 / 24 / 2015
Transaction ID : A2015-2789760
 Amount of Each Receipt this Period 36.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
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 81 OF 187
	<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. Kimberly A Kaercher
 Full Name (Last, First, Middle Initial)
 Mailing Address 5087 RIDGEDALE DR
 City State Zip Code
 ERIE PA 16506-6113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Dir Program Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 203.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789723
 Amount of Each Receipt this Period
 23.61
 Memo Item

B. David C Katovich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4325 STONE CREEK DR
 City State Zip Code
 ERIE PA 16506-7041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Life Undw & Product Admn
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684261
 Amount of Each Receipt this Period
 45.00
 Memo Item

C. David C Katovich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4325 STONE CREEK DR
 City State Zip Code
 ERIE PA 16506-7041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Life Undw & Product Admn
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937975
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	98.61
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 187
(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 C Katovich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4325 STONE CREEK DR
 City State Zip Code
 ERIE PA 16506-7041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Life Undw & Product Admn
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197941
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. David C Katovich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4325 STONE CREEK DR
 City State Zip Code
 ERIE PA 16506-7041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Life Undw & Product Admn
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380485
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. David C Katovich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4325 STONE CREEK DR
 City State Zip Code
 ERIE PA 16506-7041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Life Undw & Product Admn
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552926
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
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 83 OF 187
	<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. David C Katovich
Full Name (Last, First, Middle Initial)

Mailing Address 4325 STONE CREEK DR

City ERIE	State PA	Zip Code 16506-7041
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP Life Undw & Product Admn
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789772

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 5804 WIND CHIME LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : A2015-1684229

Amount of Each Receipt this Period
462.00

Memo Item

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

Mailing Address 5804 WIND CHIME LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2618.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937943

Amount of Each Receipt this Period
308.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	815.00
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 84 OF 187
(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 ▼
 2926.00

Date of Receipt
 09 / 25 / 2015
Transaction ID : A2015-2197909

Amount of Each Receipt this Period
 308.00

Memo Item

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 ▼
 3234.00

Date of Receipt
 10 / 26 / 2015
Transaction ID : A2015-2380453

Amount of Each Receipt this Period
 308.00

Memo Item

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 ▼
 3542.00

Date of Receipt
 11 / 26 / 2015
Transaction ID : A2015-2552895

Amount of Each Receipt this Period
 308.00

Memo Item

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: (check only one)	PAGE 85 OF 187
	<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. John F Kearns
 Full Name (Last, First, Middle Initial)
 Mailing Address 5804 WIND CHIME LN
 City FAIRVIEW State PA Zip Code 16415-3249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation EVP Sales & Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4004.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789741
 Amount of Each Receipt this Period
 462.00
 Memo Item

B. Keith E Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 971 DUTCH RD
 City FAIRVIEW State PA Zip Code 16415-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1371.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684278
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Keith E Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 971 DUTCH RD
 City FAIRVIEW State PA Zip Code 16415-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1571.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937992
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	962.00
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 86 OF 187
	<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. Keith E Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 971 DUTCH RD
 City FAIRVIEW State PA Zip Code 16415-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1771.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197958
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Keith E Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 971 DUTCH RD
 City FAIRVIEW State PA Zip Code 16415-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1971.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380502
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Keith E Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 971 DUTCH RD
 City FAIRVIEW State PA Zip Code 16415-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2171.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552943
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 187
	<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. Keith E Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 971 DUTCH RD
 City FAIRVIEW State PA Zip Code 16415-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2471.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789789
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Karen A Kraus Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 VIRGINIA AVE
 City ERIE State PA Zip Code 16505-4611
 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 ▼ 594.27

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684203
 Amount of Each Receipt this Period
 114.87
 Memo Item

C. Karen A Kraus Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 VIRGINIA AVE
 City ERIE State PA Zip Code 16505-4611
 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 ▼ 670.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937917
 Amount of Each Receipt this Period
 76.58
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	491.45
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 88 OF 187
	<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. Karen A Kraus Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 VIRGINIA AVE
 City ERIE State PA Zip Code 16505-4611
 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 **747.43**

Date of Receipt **09 / 25 / 2015**
Transaction ID : A2015-2197883
 Amount of Each Receipt this Period **76.58**
 Memo Item

B. Karen A Kraus Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 VIRGINIA AVE
 City ERIE State PA Zip Code 16505-4611
 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 **824.01**

Date of Receipt **10 / 26 / 2015**
Transaction ID : A2015-2380427
 Amount of Each Receipt this Period **76.58**
 Memo Item

C. Karen A Kraus Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 VIRGINIA AVE
 City ERIE State PA Zip Code 16505-4611
 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 **900.59**

Date of Receipt **11 / 26 / 2015**
Transaction ID : A2015-2552869
 Amount of Each Receipt this Period **76.58**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **229.74**
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 89 OF 187
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Karen A Kraus Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 VIRGINIA AVE
 City ERIE State PA Zip Code 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 ▼
 1015.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789715
 Amount of Each Receipt this Period
 114.87
 Memo Item

B. Claude Lilly
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 311
 City Clemson State SC Zip Code 29633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None Provided None Provided
 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
 08 / 04 / 2015
Transaction ID : A2015-1713976
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Christine L Lucas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2152 LORWOOD DR
 City ERIE State PA Zip Code 16510-6324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Product Manager (Cmrl)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684179
 Amount of Each Receipt this Period
 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	659.87
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 90 OF 187
(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. Christine L Lucas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2152 LORWOOD DR
 City State Zip Code
 ERIE PA 16510-6324
 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 ▼
 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937893
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Christine L Lucas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2152 LORWOOD DR
 City State Zip Code
 ERIE PA 16510-6324
 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 ▼
 285.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197859
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Christine L Lucas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2152 LORWOOD DR
 City State Zip Code
 ERIE PA 16510-6324
 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 ▼
 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380403
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
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 91 OF 187
(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. Christine L Lucas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2152 LORWOOD DR
 City State Zip Code
 ERIE PA 16510-6324
 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 ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552845
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Christine L Lucas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2152 LORWOOD DR
 City State Zip Code
 ERIE PA 16510-6324
 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 ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789691
 Amount of Each Receipt this Period
 45.00
 Memo Item

C. 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 ▼
 628.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684241
 Amount of Each Receipt this Period
 126.27
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 201.27
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 92 OF 187
(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. 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 ▼
 713.05

Date of Receipt
 08 / 26 / 2015
Transaction ID : A2015-1937955
 Amount of Each Receipt this Period
 84.18
 Memo Item

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 ▼
 797.23

Date of Receipt
 09 / 25 / 2015
Transaction ID : A2015-2197921
 Amount of Each Receipt this Period
 84.18
 Memo Item

C. 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 ▼
 881.41

Date of Receipt
 10 / 26 / 2015
Transaction ID : A2015-2380465
 Amount of Each Receipt this Period
 84.18
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.54
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: (check only one)	PAGE 93 OF 187
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Debra A Mack
 Full Name (Last, First, Middle Initial)
 Mailing Address 3560 KANE HILL RD
 City ERIE State PA Zip Code 16510-4962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Dir Sales & Agy Bsn Prcs/Plng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 965.59

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552906
 Amount of Each Receipt this Period
 84.18
 Memo Item

B. Debra A Mack
 Full Name (Last, First, Middle Initial)
 Mailing Address 3560 KANE HILL RD
 City ERIE State PA Zip Code 16510-4962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Dir Sales & Agy Bsn Prcs/Plng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1091.86

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789752
 Amount of Each Receipt this Period
 126.27
 Memo Item

C. Peter C Maercklein
 Full Name (Last, First, Middle Initial)
 Mailing Address 6527 BARNESDALE PATH
 City CENTREVILLE State VA Zip Code 20120-3945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Sr District Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380496
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	230.45
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 94 OF 187
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Peter C Maercklein
 Full Name (Last, First, Middle Initial)
 Mailing Address 6527 BARNESDALE PATH
 City CENTREVILLE State VA Zip Code 20120-3945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Sr District Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552937
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Peter C Maercklein
 Full Name (Last, First, Middle Initial)
 Mailing Address 6527 BARNESDALE PATH
 City CENTREVILLE State VA Zip Code 20120-3945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Sr District Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789783
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Phil S Maher
 Full Name (Last, First, Middle Initial)
 Mailing Address 7170 PINEHILL RD
 City PAINESVILLE State OH Zip Code 44077-9304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Commercial Liab Claims Spt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789722
 Amount of Each Receipt this Period
 23.70
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	73.70
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 95 OF 187
	<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. Kristopher C Marrion
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 BRIARBURN LN
 City HOLLY SPRINGS State NC Zip Code 27540-7733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Branch Manager IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684220
 Amount of Each Receipt this Period
 42.12
 Memo Item

B. Kristopher C Marrion
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 BRIARBURN LN
 City HOLLY SPRINGS State NC Zip Code 27540-7733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Branch Manager IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937934
 Amount of Each Receipt this Period
 28.08
 Memo Item

C. Kristopher C Marrion
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 BRIARBURN LN
 City HOLLY SPRINGS State NC Zip Code 27540-7733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Branch Manager IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 263.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197900
 Amount of Each Receipt this Period
 28.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	98.28
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: (check only one)	PAGE 96 OF 187
	<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. Kristopher C Marrion
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 BRIARBURN LN
 City HOLLY SPRINGS State NC Zip Code 27540-7733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Branch Manager IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380444
 Amount of Each Receipt this Period
 28.08
 Memo Item

B. Kristopher C Marrion
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 BRIARBURN LN
 City HOLLY SPRINGS State NC Zip Code 27540-7733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Branch Manager IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 319.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552886
 Amount of Each Receipt this Period
 28.08
 Memo Item

C. Kristopher C Marrion
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 BRIARBURN LN
 City HOLLY SPRINGS State NC Zip Code 27540-7733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Branch Manager IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789732
 Amount of Each Receipt this Period
 42.12
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	98.28
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 97 OF 187
(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. Christina M Marsh
 Mailing Address 245 GATEWAY DR
 City State Zip Code
 FAIRVIEW PA 16415-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684189
 Amount of Each Receipt this Period
 150.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Christina M Marsh
 Mailing Address 245 GATEWAY DR
 City State Zip Code
 FAIRVIEW PA 16415-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937903
 Amount of Each Receipt this Period
 100.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Christina M Marsh
 Mailing Address 245 GATEWAY DR
 City State Zip Code
 FAIRVIEW PA 16415-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197869
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 98 OF 187
	<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	<input type="checkbox"/> 17

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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 ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380413

Amount of Each Receipt this Period
 100.00

Memo Item

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 ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552855

Amount of Each Receipt this Period
 100.00

Memo Item

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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789701

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).....▶	

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

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

FOR LINE NUMBER: PAGE 99 OF 187
(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. Deborah S Masi
 Full Name (Last, First, Middle Initial)
 Mailing Address 3012 MADEIRA DR
 City State Zip Code
 ERIE PA 16506-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Commercial Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 413.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684223
 Amount of Each Receipt this Period
 83.64
 Memo Item

B. Deborah S Masi
 Full Name (Last, First, Middle Initial)
 Mailing Address 3012 MADEIRA DR
 City State Zip Code
 ERIE PA 16506-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Commercial Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 469.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937937
 Amount of Each Receipt this Period
 55.76
 Memo Item

C. Deborah S Masi
 Full Name (Last, First, Middle Initial)
 Mailing Address 3012 MADEIRA DR
 City State Zip Code
 ERIE PA 16506-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Commercial Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197903
 Amount of Each Receipt this Period
 55.76
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 195.16
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 100 OF 187
(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. Deborah S Masi
 Full Name (Last, First, Middle Initial)
 Mailing Address 3012 MADEIRA DR
 City State Zip Code
 ERIE PA 16506-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Commercial Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 580.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380447
 Amount of Each Receipt this Period
 55.76
 Memo Item

B. Deborah S Masi
 Full Name (Last, First, Middle Initial)
 Mailing Address 3012 MADEIRA DR
 City State Zip Code
 ERIE PA 16506-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Commercial Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 636.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552889
 Amount of Each Receipt this Period
 55.76
 Memo Item

C. Deborah S Masi
 Full Name (Last, First, Middle Initial)
 Mailing Address 3012 MADEIRA DR
 City State Zip Code
 ERIE PA 16506-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP Commercial Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789735
 Amount of Each Receipt this Period
 83.64
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.16
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: (check only one)	PAGE 101 OF 187
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sean J McLaughlin		Date of Receipt MM / DD / YYYY 07 / 24 / 2015 Transaction ID : A2015-1684289
Mailing Address 4870 WATSON RD		Amount of Each Receipt this Period 462.00
City ERIE	State PA	Zip Code 16505-1328
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Erie Insurance Group	Occupation EVP Secy & Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2310.00	

Full Name (Last, First, Middle Initial) B. Sean J McLaughlin		Date of Receipt MM / DD / YYYY 08 / 26 / 2015 Transaction ID : A2015-1938003
Mailing Address 4870 WATSON RD		Amount of Each Receipt this Period 308.00
City ERIE	State PA	Zip Code 16505-1328
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Erie Insurance Group	Occupation EVP Secy & Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2618.00	

Full Name (Last, First, Middle Initial) C. Sean J McLaughlin		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 Transaction ID : A2015-2197969
Mailing Address 4870 WATSON RD		Amount of Each Receipt this Period 308.00
City ERIE	State PA	Zip Code 16505-1328
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Erie Insurance Group	Occupation EVP Secy & Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2926.00	

SUBTOTAL of Receipts This Page (optional).....▶	1078.00
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 102 OF 187
(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 ▼
3234.00

Date of Receipt
10 / 26 / 2015

Transaction ID : A2015-2380513

Amount of Each Receipt this Period
308.00

Memo Item

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

Mailing Address **4870 WATSON RD**

City 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 ▼
3542.00

Date of Receipt
11 / 26 / 2015

Transaction ID : A2015-2552954

Amount of Each Receipt this Period
308.00

Memo Item

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 ▼
4004.00

Date of Receipt
12 / 24 / 2015

Transaction ID : A2015-2789800

Amount of Each Receipt this Period
462.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ► **1078.00**

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 103 OF 187
(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 ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684246
 Amount of Each Receipt this Period
 180.00
 Memo Item

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 ▼
 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937960
 Amount of Each Receipt this Period
 120.00
 Memo Item

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 ▼
 1140.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197926
 Amount of Each Receipt this Period
 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 104 OF 187
(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 ▼
 1260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380470
 Amount of Each Receipt this Period
 120.00
 Memo Item

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 ▼
 1380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552911
 Amount of Each Receipt this Period
 120.00
 Memo Item

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 ▼
 1560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789757
 Amount of Each Receipt this Period
 180.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 105 OF 187
(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 ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684266

Amount of Each Receipt this Period
 108.00

Memo Item

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 ▼
 612.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937980

Amount of Each Receipt this Period
 72.00

Memo Item

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 ▼
 684.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197946

Amount of Each Receipt this Period
 72.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.00

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 106 OF 187
(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 ▼
 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380490

Amount of Each Receipt this Period
 72.00

Memo Item

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 ▼
 828.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552931

Amount of Each Receipt this Period
 72.00

Memo Item

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 ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789777

Amount of Each Receipt this Period
 108.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.00

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 107 OF 187
(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. Kristine L Musselman
 Full Name (Last, First, Middle Initial)
 Mailing Address 13412 E 186TH ST
 City NOBLESVILLE State IN Zip Code 46060-9685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Claims Manager II
 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
 10 / 26 / 2015
Transaction ID : A2015-2380484
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Kristine L Musselman
 Full Name (Last, First, Middle Initial)
 Mailing Address 13412 E 186TH ST
 City NOBLESVILLE State IN Zip Code 46060-9685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Claims Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552925
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Kristine L Musselman
 Full Name (Last, First, Middle Initial)
 Mailing Address 13412 E 186TH ST
 City NOBLESVILLE State IN Zip Code 46060-9685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Claims Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789771
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 108 OF 187
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 11a 11b 11c 12
 13 14 15 16 17

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

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 ▼
 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684233
 Amount of Each Receipt this Period
 225.00
 Memo Item

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 ▼
 1275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937947
 Amount of Each Receipt this Period
 150.00
 Memo Item

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 ▼
 1425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197913
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
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 109 OF 187
(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 ▼
 1575.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380457
 Amount of Each Receipt this Period
 150.00
 Memo Item

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 ▼
 1725.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552899
 Amount of Each Receipt this Period
 150.00
 Memo Item

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 ▼
 1950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789745
 Amount of Each Receipt this Period
 225.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
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 110 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4044 SHADYBROOK DR

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

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

Name of Employer Erie Insurance Group	Occupation Senior Counsel
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1012.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : A2015-1684245

Amount of Each Receipt this Period
204.39

Memo Item

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

Mailing Address 4044 SHADYBROOK DR

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

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

Name of Employer Erie Insurance Group	Occupation Senior Counsel
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1149.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937959

Amount of Each Receipt this Period
136.26

Memo Item

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

Mailing Address 4044 SHADYBROOK DR

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

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

Name of Employer Erie Insurance Group	Occupation Senior Counsel
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1285.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : A2015-2197925

Amount of Each Receipt this Period
136.26

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	476.91
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 111 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 4044 SHADYBROOK DR

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

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

Name of Employer Erie Insurance Group	Occupation Senior Counsel
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1421.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : A2015-2380469

Amount of Each Receipt this Period
136.26

Memo Item

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

Mailing Address 4044 SHADYBROOK DR

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

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

Name of Employer Erie Insurance Group	Occupation Senior Counsel
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1557.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2015

Transaction ID : A2015-2552910

Amount of Each Receipt this Period
136.26

Memo Item

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

Mailing Address 4044 SHADYBROOK DR

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

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

Name of Employer Erie Insurance Group	Occupation Senior Counsel
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1762.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789756

Amount of Each Receipt this Period
204.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	476.91
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 112 OF 187
	<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. Timothy G NeCastro
Full Name (Last, First, Middle Initial)

Mailing Address 6146 SCIOTO CT

City FAIRVIEW State PA Zip Code 16415-3276

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

Name of Employer Erie Insurance Group Occupation SVP Regional Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684166

Amount of Each Receipt this Period
 75.00

Memo Item

B. Timothy G NeCastro
Full Name (Last, First, Middle Initial)

Mailing Address 6146 SCIOTO CT

City FAIRVIEW State PA Zip Code 16415-3276

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

Name of Employer Erie Insurance Group Occupation SVP Regional Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937880

Amount of Each Receipt this Period
 50.00

Memo Item

C. Timothy G NeCastro
Full Name (Last, First, Middle Initial)

Mailing Address 6146 SCIOTO CT

City FAIRVIEW State PA Zip Code 16415-3276

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

Name of Employer Erie Insurance Group Occupation SVP Regional Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197846

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 113 OF 187
(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. 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 ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380390
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552832
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789678
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
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 114 OF 187
(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. Timothy J O'Connell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3541 JOSEPH DR
 City State Zip Code
 ERIE PA 16506-6033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Project Manager I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937965
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Timothy J O'Connell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3541 JOSEPH DR
 City State Zip Code
 ERIE PA 16506-6033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Project Manager I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197931
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Timothy J O'Connell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3541 JOSEPH DR
 City State Zip Code
 ERIE PA 16506-6033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Project Manager I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380475
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
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 115 OF 187
(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. Timothy J O'Connell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3541 JOSEPH DR
 City State Zip Code
 ERIE PA 16506-6033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Project Manager I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552916
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Timothy J O'Connell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3541 JOSEPH DR
 City State Zip Code
 ERIE PA 16506-6033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Project Manager I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789762
 Amount of Each Receipt this Period
 45.00
 Memo Item

C. Gregory C Page
 Full Name (Last, First, Middle Initial)
 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684252
 Amount of Each Receipt this Period
 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 165.00
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 116 OF 187
(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. 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 ▼
 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937966
 Amount of Each Receipt this Period
 60.00
 Memo Item

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 ▼
 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197932
 Amount of Each Receipt this Period
 60.00
 Memo Item

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 ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380476
 Amount of Each Receipt this Period
 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00
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 117 OF 187
(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. 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 ▼
 690.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552917
 Amount of Each Receipt this Period
 60.00
 Memo Item

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 ▼
 780.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789763
 Amount of Each Receipt this Period
 90.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Randall T Peterman
 Mailing Address 3588 SWAN LAKE LN
 City State Zip Code
 ERIE PA 16506-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Financial Plng & Analysis
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684242
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 187
	<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	<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 ▼
1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937956

Amount of Each Receipt this Period
200.00

Memo Item

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 ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : A2015-2197922

Amount of Each Receipt this Period
200.00

Memo Item

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : A2015-2380466

Amount of Each Receipt this Period
200.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 119 OF 187
(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. Randall T Peterman

Mailing Address 3588 SWAN LAKE LN

City State Zip Code
 ERIE PA 16506-1158

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552907

Amount of Each Receipt this Period
 200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Randall T Peterman

Mailing Address 3588 SWAN LAKE LN

City State Zip Code
 ERIE PA 16506-1158

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789753

Amount of Each Receipt this Period
 300.00

Memo Item

Full Name (Last, First, Middle Initial)
C. 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 ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684206

Amount of Each Receipt this Period
 60.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 560.00

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 120 OF 187
(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. Sue A Pfadt
 Full Name (Last, First, Middle Initial)
 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 ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937920
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Sue A Pfadt
 Full Name (Last, First, Middle Initial)
 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 ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197886
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Sue A Pfadt
 Full Name (Last, First, Middle Initial)
 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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380430
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 121 OF 187
(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. 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 ▼
460.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 26 / 2015
Transaction ID : A2015-2552872

Amount of Each Receipt this Period
40.00

Memo Item

Full Name (Last, First, Middle Initial)
B. 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 ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 24 / 2015
Transaction ID : A2015-2789718

Amount of Each Receipt this Period
60.00

Memo Item

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 ▼
780.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2015
Transaction ID : A2015-1684240

Amount of Each Receipt this Period
156.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 256.00

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 122 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. 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 ▼
884.00

Date of Receipt
08 / 26 / 2015
Transaction ID : A2015-1937954

Amount of Each Receipt this Period
104.00

Memo Item

B. Michael A Plazony
Full Name (Last, First, Middle Initial)

Mailing Address 5500 STONERIDGE DR

City State Zip Code
FAIRVIEW PA 16415-2240

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

Name of Employer Occupation
Erie Insurance Group SVP Life

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
988.00

Date of Receipt
09 / 25 / 2015
Transaction ID : A2015-2197920

Amount of Each Receipt this Period
104.00

Memo Item

C. Michael A Plazony
Full Name (Last, First, Middle Initial)

Mailing Address 5500 STONERIDGE DR

City State Zip Code
FAIRVIEW PA 16415-2240

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

Name of Employer Occupation
Erie Insurance Group SVP Life

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1092.00

Date of Receipt
10 / 26 / 2015
Transaction ID : A2015-2380464

Amount of Each Receipt this Period
104.00

Memo Item

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: (check only one)	PAGE 123 OF 187
	<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. 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 ▼
 1196.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552905
 Amount of Each Receipt this Period
 104.00
 Memo Item

B. Michael A Plazony
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 STONERIDGE DR
 City State Zip Code
 FAIRVIEW PA 16415-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Life
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1352.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789751
 Amount of Each Receipt this Period
 156.00
 Memo Item

C. Bradley G Postema
 Full Name (Last, First, Middle Initial)
 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 ▼
 1757.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684281
 Amount of Each Receipt this Period
 353.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	613.25
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 124 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Bradley G Postema
Full Name (Last, First, Middle Initial)
Mailing Address 5701 DOBLER RD

City GIRARD	State PA	Zip Code 16417-8768
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1992.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937995

Amount of Each Receipt this Period
235.50

Memo Item

B. Bradley G Postema
Full Name (Last, First, Middle Initial)
Mailing Address 5701 DOBLER RD

City GIRARD	State PA	Zip Code 16417-8768
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2228.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : A2015-2197961

Amount of Each Receipt this Period
235.50

Memo Item

C. Bradley G Postema
Full Name (Last, First, Middle Initial)
Mailing Address 5701 DOBLER RD

City GIRARD	State PA	Zip Code 16417-8768
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2463.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : A2015-2380505

Amount of Each Receipt this Period
235.50

Memo Item

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: (check only one)	PAGE 125 OF 187
	<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. Bradley G Postema
 Full Name (Last, First, Middle Initial)
 Mailing Address 5701 DOBLER RD
 City GIRARD State PA Zip Code 16417-8768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP & Chief Investment Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2699.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552946
 Amount of Each Receipt this Period
 235.50
 Memo Item

B. Bradley G Postema
 Full Name (Last, First, Middle Initial)
 Mailing Address 5701 DOBLER RD
 City GIRARD State PA Zip Code 16417-8768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP & Chief Investment Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3052.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789792
 Amount of Each Receipt this Period
 353.25
 Memo Item

C. Alison B Powell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 REBARAH MOOR DR
 City WILLOW SPRING State NC Zip Code 27592-7688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation Property Claims Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.42

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789711
 Amount of Each Receipt this Period
 23.91
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	612.66
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 126 OF 187
(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

A. Peggy J Proba
Full Name (Last, First, Middle Initial)
Mailing Address 6055 BOXWOOD DR
City FAIRVIEW State PA Zip Code 16415-3211
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation SSV--Product Configuration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 26 / 2015
Transaction ID : A2015-2380451
Amount of Each Receipt this Period
20.00
 Memo Item

B. Peggy J Proba
Full Name (Last, First, Middle Initial)
Mailing Address 6055 BOXWOOD DR
City FAIRVIEW State PA Zip Code 16415-3211
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation SSV--Product Configuration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 26 / 2015
Transaction ID : A2015-2552893
Amount of Each Receipt this Period
20.00
 Memo Item

C. Peggy J Proba
Full Name (Last, First, Middle Initial)
Mailing Address 6055 BOXWOOD DR
City FAIRVIEW State PA Zip Code 16415-3211
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation SSV--Product Configuration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 24 / 2015
Transaction ID : A2015-2789739
Amount of Each Receipt this Period
30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 127 OF 187
(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. Andrew G Putnam
 Full Name (Last, First, Middle Initial)
 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 ▼ 423.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684207
 Amount of Each Receipt this Period
 85.38
 Memo Item

B. Andrew G Putnam
 Full Name (Last, First, Middle Initial)
 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 ▼ 480.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937921
 Amount of Each Receipt this Period
 56.92
 Memo Item

C. Andrew G Putnam
 Full Name (Last, First, Middle Initial)
 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 ▼ 537.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197887
 Amount of Each Receipt this Period
 56.92
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 199.22
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: PAGE 128 OF 187
(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. Andrew G Putnam
 Full Name (Last, First, Middle Initial)
 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 ▼ 594.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380431
 Amount of Each Receipt this Period
 56.92
 Memo Item

B. Andrew G Putnam
 Full Name (Last, First, Middle Initial)
 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 ▼ 651.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552873
 Amount of Each Receipt this Period
 56.92
 Memo Item

C. Andrew G Putnam
 Full Name (Last, First, Middle Initial)
 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 ▼ 736.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789719
 Amount of Each Receipt this Period
 85.38
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 199.22
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: PAGE 129 OF 187
(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. Kim L Reichert
 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 SSV--Recruiting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380468
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Kim L Reichert
 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 SSV--Recruiting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552909
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Kim L Reichert
 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 SSV--Recruiting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789755
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 130 OF 187
	<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	<input type="checkbox"/> 17

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

A. Douglas H Reinhardt
Full Name (Last, First, Middle Initial)

Mailing Address 157 CHANCELLOR DR

City CHAMBERSBURG	State PA	Zip Code 17201-3902
----------------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation Claims Refresh Program Lead
--	---

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
10	/	26	/	2015

Transaction ID : A2015-2380387

Amount of Each Receipt this Period
20.00

Memo Item

B. Douglas H Reinhardt
Full Name (Last, First, Middle Initial)

Mailing Address 157 CHANCELLOR DR

City CHAMBERSBURG	State PA	Zip Code 17201-3902
----------------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation Claims Refresh Program Lead
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2015

Transaction ID : A2015-2552829

Amount of Each Receipt this Period
20.00

Memo Item

C. Douglas H Reinhardt
Full Name (Last, First, Middle Initial)

Mailing Address 157 CHANCELLOR DR

City CHAMBERSBURG	State PA	Zip Code 17201-3902
----------------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation Claims Refresh Program Lead
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789675

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 131 OF 187
(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. Belinda J Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 658 W 6TH ST
 City State Zip Code
 ERIE PA 16507-1173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Counsel I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684277
 Amount of Each Receipt this Period
 66.69
 Memo Item

B. Belinda J Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 658 W 6TH ST
 City State Zip Code
 ERIE PA 16507-1173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Counsel I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 374.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937991
 Amount of Each Receipt this Period
 44.46
 Memo Item

C. Belinda J Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 658 W 6TH ST
 City State Zip Code
 ERIE PA 16507-1173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Counsel I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 419.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197957
 Amount of Each Receipt this Period
 44.46
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.61
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 132 OF 187
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 463.83

Date of Receipt 10 / 26 / 2015
Transaction ID : A2015-2380501
Amount of Each Receipt this Period 44.46
 Memo Item

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 508.29

Date of Receipt 11 / 26 / 2015
Transaction ID : A2015-2552942
Amount of Each Receipt this Period 44.46
 Memo Item

C. 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 574.98

Date of Receipt 12 / 24 / 2015
Transaction ID : A2015-2789788
Amount of Each Receipt this Period 66.69
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 155.61
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 133 OF 187
	<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	<input type="checkbox"/> 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 ▼
1195.87

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2015
Transaction ID : A2015-1684219

Amount of Each Receipt this Period
241.35

Memo Item

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 ▼
1356.77

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2015
Transaction ID : A2015-1937933

Amount of Each Receipt this Period
160.90

Memo Item

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 ▼
1517.67

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015
Transaction ID : A2015-2197899

Amount of Each Receipt this Period
160.90

Memo Item

SUBTOTAL of Receipts This Page (optional).....	563.15
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 134 OF 187
	<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

Full Name (Last, First, Middle Initial) A. Sheryl A Rucker			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2015 Transaction ID : A2015-2380443
Mailing Address 3500 DUNN VALLEY RD			Amount of Each Receipt this Period 160.90
City ERIE	State PA	Zip Code 16509-4310	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Occupation Senior Counsel	
Name of Employer Erie Insurance Group	Aggregate Year-to-Date ▼ 1678.57		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sheryl A Rucker			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2015 Transaction ID : A2015-2552885
Mailing Address 3500 DUNN VALLEY RD			Amount of Each Receipt this Period 160.90
City ERIE	State PA	Zip Code 16509-4310	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Occupation Senior Counsel	
Name of Employer Erie Insurance Group	Aggregate Year-to-Date ▼ 1839.47		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sheryl A Rucker			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2015 Transaction ID : A2015-2789731
Mailing Address 3500 DUNN VALLEY RD			Amount of Each Receipt this Period 241.35
City ERIE	State PA	Zip Code 16509-4310	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Occupation Senior Counsel	
Name of Employer Erie Insurance Group	Aggregate Year-to-Date ▼ 2080.82		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	563.15
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 135 OF 187
	<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. Karen A Rugare
 Full Name (Last, First, Middle Initial)
 Mailing Address 6945 HONEY LN
 City ERIE State PA Zip Code 16509-4889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Strategic Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 24 / 2015
Transaction ID : A2015-1684255
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Karen A Rugare
 Full Name (Last, First, Middle Initial)
 Mailing Address 6945 HONEY LN
 City ERIE State PA Zip Code 16509-4889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Strategic Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 26 / 2015
Transaction ID : A2015-1937969
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Karen A Rugare
 Full Name (Last, First, Middle Initial)
 Mailing Address 6945 HONEY LN
 City ERIE State PA Zip Code 16509-4889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Strategic Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 25 / 2015
Transaction ID : A2015-2197935
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00
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 136 OF 187
(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. Karen A Rugare
 Full Name (Last, First, Middle Initial)
 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 ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380479
 Amount of Each Receipt this Period
 60.00
 Memo Item

B. Karen A Rugare
 Full Name (Last, First, Middle Initial)
 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 ▼
 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552920
 Amount of Each Receipt this Period
 60.00
 Memo Item

C. Karen A Rugare
 Full Name (Last, First, Middle Initial)
 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 ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789766
 Amount of Each Receipt this Period
 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00
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 137 OF 187
(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. 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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684214

Amount of Each Receipt this Period
 75.00

Memo Item

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 ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937928

Amount of Each Receipt this Period
 50.00

Memo Item

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 ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197894

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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 138 OF 187
(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. 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 ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380438

Amount of Each Receipt this Period
 50.00

Memo Item

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 ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552880

Amount of Each Receipt this Period
 50.00

Memo Item

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 ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789726

Amount of Each Receipt this Period
 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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 139 OF 187
(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. 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 ▼
1442.40

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2015
Transaction ID : A2015-1684253

Amount of Each Receipt this Period
288.48

Memo Item

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

Mailing Address 6770 KREIDER RD

City State Zip Code
FAIRVIEW PA 16415-2623

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

Name of Employer Occupation
Erie Insurance Group SVP Strategic Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1634.72

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2015
Transaction ID : A2015-1937967

Amount of Each Receipt this Period
192.32

Memo Item

Full Name (Last, First, Middle Initial)
C. 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 ▼
1827.04

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015
Transaction ID : A2015-2197933

Amount of Each Receipt this Period
192.32

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 673.12

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 141 OF 187
	<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. Neil S Smith
Full Name (Last, First, Middle Initial)

Mailing Address 180 TIMBER RIDGE RD

City GREENEVILLE State TN Zip Code 37743-3503

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

Name of Employer Erie Insurance Group Occupation Sr District Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552935

Amount of Each Receipt this Period
 18.02

Memo Item

B. Neil S Smith
Full Name (Last, First, Middle Initial)

Mailing Address 180 TIMBER RIDGE RD

City GREENEVILLE State TN Zip Code 37743-3503

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

Name of Employer Erie Insurance Group Occupation Sr District Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789781

Amount of Each Receipt this Period
 27.03

Memo Item

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

Mailing Address 12147 JAMES JACK LN

City CHARLOTTE State NC Zip Code 28277-3752

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 ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684276

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.05

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 142 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 12147 JAMES JACK LN

City CHARLOTTE	State NC	Zip Code 28277-3752
-------------------	-------------	------------------------

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 ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937990

Amount of Each Receipt this Period

10.00

 Memo Item

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

Mailing Address 12147 JAMES JACK LN

City CHARLOTTE	State NC	Zip Code 28277-3752
-------------------	-------------	------------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : A2015-2197956

Amount of Each Receipt this Period

10.00

 Memo Item

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

Mailing Address 12147 JAMES JACK LN

City CHARLOTTE	State NC	Zip Code 28277-3752
-------------------	-------------	------------------------

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 ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : A2015-2380500

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 143 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Diane M Stamatelatos
Full Name (Last, First, Middle Initial)
Mailing Address 12147 JAMES JACK LN
City CHARLOTTE State NC Zip Code 28277-3752
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 295.00

Date of Receipt **11 / 26 / 2015**
Transaction ID : A2015-2552941
Amount of Each Receipt this Period 10.00
 Memo Item

B. Diane M Stamatelatos
Full Name (Last, First, Middle Initial)
Mailing Address 12147 JAMES JACK LN
City CHARLOTTE State NC Zip Code 28277-3752
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 310.00

Date of Receipt **12 / 24 / 2015**
Transaction ID : A2015-2789787
Amount of Each Receipt this Period 15.00
 Memo Item

C. James P Stoik
Full Name (Last, First, Middle Initial)
Mailing Address 7 NIAGARA PIER
City ERIE State PA Zip Code 16507-2305
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation VP Internal Audit
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 676.94

Date of Receipt **07 / 24 / 2015**
Transaction ID : A2015-1684226
Amount of Each Receipt this Period 136.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	161.62
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 144 OF 187
(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 ▼
 768.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937940
 Amount of Each Receipt this Period
 91.08
 Memo Item

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 ▼
 859.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197906
 Amount of Each Receipt this Period
 91.08
 Memo Item

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 ▼
 950.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380450
 Amount of Each Receipt this Period
 91.08
 Memo Item

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: (check only one)	PAGE 145 OF 187
	<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	<input type="checkbox"/> 17

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

A. James P Stoik
Full Name (Last, First, Middle Initial)
Mailing Address 7 NIAGARA PIER

City ERIE	State PA	Zip Code 16507-2305
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP Internal Audit
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2015

Transaction ID : A2015-2552892

Amount of Each Receipt this Period

91.08

 Memo Item

B. James P Stoik
Full Name (Last, First, Middle Initial)
Mailing Address 7 NIAGARA PIER

City ERIE	State PA	Zip Code 16507-2305
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP Internal Audit
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1177.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789738

Amount of Each Receipt this Period

136.62

 Memo Item

C. Lorrie S Tavana
Full Name (Last, First, Middle Initial)
Mailing Address 1140 SOUTHVIEW DR

City ERIE	State PA	Zip Code 16509-2575
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation SSV--Desktop Investigations
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937892

Amount of Each Receipt this Period

24.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	251.70
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 146 OF 187
(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. Lorrie S Tavana

Mailing Address 1140 SOUTHVIEW DR

City State Zip Code
 ERIE PA 16509-2575

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

Name of Employer Occupation
 Erie Insurance Group SSV--Desktop Investigations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 09 / 25 / 2015
Transaction ID : A2015-2197858

Amount of Each Receipt this Period
 24.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Lorrie S Tavana

Mailing Address 1140 SOUTHVIEW DR

City State Zip Code
 ERIE PA 16509-2575

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

Name of Employer Occupation
 Erie Insurance Group SSV--Desktop Investigations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 10 / 26 / 2015
Transaction ID : A2015-2380402

Amount of Each Receipt this Period
 24.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Lorrie S Tavana

Mailing Address 1140 SOUTHVIEW DR

City State Zip Code
 ERIE PA 16509-2575

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

Name of Employer Occupation
 Erie Insurance Group SSV--Desktop Investigations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 276.00

Date of Receipt
 11 / 26 / 2015
Transaction ID : A2015-2552844

Amount of Each Receipt this Period
 24.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.00

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 147 OF 187
(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. Lorrie S Tavana

Mailing Address 1140 SOUTHVIEW DR

City ERIE	State PA	Zip Code 16509-2575
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation SSV--Desktop Investigations
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789690

Amount of Each Receipt this Period
36.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Kathy L Tesore

Mailing Address 8740 PEFFER RD

City FAIRVIEW	State PA	Zip Code 16415-2917
------------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation Portfolio Mgr External Invest
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : A2015-1684259

Amount of Each Receipt this Period
43.02

Memo Item

Full Name (Last, First, Middle Initial)
C. Kathy L Tesore

Mailing Address 8740 PEFFER RD

City FAIRVIEW	State PA	Zip Code 16415-2917
------------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation Portfolio Mgr External Invest
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937973

Amount of Each Receipt this Period
28.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	107.70
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 148 OF 187
	<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. Kathy L Tesore
 Full Name (Last, First, Middle Initial)
 Mailing Address 8740 PEFFER RD
 City State Zip Code
 FAIRVIEW PA 16415-2917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Portfolio Mgr External Invest
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197939
 Amount of Each Receipt this Period
 28.68
 Memo Item

B. Kathy L Tesore
 Full Name (Last, First, Middle Initial)
 Mailing Address 8740 PEFFER RD
 City State Zip Code
 FAIRVIEW PA 16415-2917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Portfolio Mgr External Invest
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 298.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380483
 Amount of Each Receipt this Period
 28.68
 Memo Item

C. Kathy L Tesore
 Full Name (Last, First, Middle Initial)
 Mailing Address 8740 PEFFER RD
 City State Zip Code
 FAIRVIEW PA 16415-2917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Portfolio Mgr External Invest
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 327.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552924
 Amount of Each Receipt this Period
 28.68
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	86.04
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 149 OF 187
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kathy L Tesore
 Full Name (Last, First, Middle Initial)
 Mailing Address 8740 PEPPER RD
 City State Zip Code
 FAIRVIEW PA 16415-2917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Portfolio Mgr External Invest
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 370.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789770
 Amount of Each Receipt this Period
 43.02
 Memo Item

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 ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684180
 Amount of Each Receipt this Period
 180.00
 Memo Item

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 ▼
 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937894
 Amount of Each Receipt this Period
 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	343.02
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: (check only one)	PAGE 150 OF 187
	<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 ERIE	State PA	Zip Code 16511-1616
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1140.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : A2015-2197860

Amount of Each Receipt this Period
120.00

Memo Item

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

Mailing Address 7496 N SHORE DR

City ERIE	State PA	Zip Code 16511-1616
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : A2015-2380404

Amount of Each Receipt this Period
120.00

Memo Item

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

Mailing Address 7496 N SHORE DR

City ERIE	State PA	Zip Code 16511-1616
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2015

Transaction ID : A2015-2552846

Amount of Each Receipt this Period
120.00

Memo Item

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 151 OF 187
	<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. Joseph M Vahey

Mailing Address 7496 N SHORE DR

City ERIE	State PA	Zip Code 16511-1616
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1560.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789692

Amount of Each Receipt this Period
180.00

Memo Item

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

Mailing Address 845 W TOWNHALL RD

City WATERFORD	State PA	Zip Code 16441-4131
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684172

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 845 W TOWNHALL RD

City WATERFORD	State PA	Zip Code 16441-4131
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937886

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	680.00
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 152 OF 187
	<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. Gary D Veshecco
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 W TOWNHALL RD
 City WATERFORD State PA Zip Code 16441-4131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Law & Privacy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197852
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Gary D Veshecco
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 W TOWNHALL RD
 City WATERFORD State PA Zip Code 16441-4131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Law & Privacy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380396
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Gary D Veshecco
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 W TOWNHALL RD
 City WATERFORD State PA Zip Code 16441-4131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Law & Privacy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552838
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 845 W TOWNHALL RD

City WATERFORD State PA Zip Code 16441-4131

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789684

Amount of Each Receipt this Period
 300.00

Memo Item

B. Glen D Walton
Full Name (Last, First, Middle Initial)

Mailing Address 104 ROSS ST

City ELKTON State MD Zip Code 21921-6114

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

Name of Employer Erie Insurance Group Occupation Property Claims Reinspector

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937935

Amount of Each Receipt this Period
 33.76

Memo Item

c. Glen D Walton
Full Name (Last, First, Middle Initial)

Mailing Address 104 ROSS ST

City ELKTON State MD Zip Code 21921-6114

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

Name of Employer Erie Insurance Group Occupation Property Claims Reinspector

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197901

Amount of Each Receipt this Period
 16.41

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.17
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 154 OF 187
(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. Glen D Walton

Mailing Address 104 ROSS ST

City State Zip Code
 ELKTON MD 21921-6114

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

Name of Employer Occupation
 Erie Insurance Group Property Claims Reinspector

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 243.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380445

Amount of Each Receipt this Period
 20.49

Memo Item

Full Name (Last, First, Middle Initial)
B. Glen D Walton

Mailing Address 104 ROSS ST

City State Zip Code
 ELKTON MD 21921-6114

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

Name of Employer Occupation
 Erie Insurance Group Property Claims Reinspector

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 266.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552887

Amount of Each Receipt this Period
 22.77

Memo Item

Full Name (Last, First, Middle Initial)
C. Glen D Walton

Mailing Address 104 ROSS ST

City State Zip Code
 ELKTON MD 21921-6114

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

Name of Employer Occupation
 Erie Insurance Group Property Claims Reinspector

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 298.27

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789733

Amount of Each Receipt this Period
 31.88

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.14

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 155 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Gregory A Wieser
Full Name (Last, First, Middle Initial)
Mailing Address 4644 STATE ST
City ERIE State PA Zip Code 16509-3666
FEC ID number of contributing federal political committee. C
Name of Employer Erie Insurance Group Occupation Dir Strategic Marketing
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 220.24

Date of Receipt 09 / 25 / 2015
Transaction ID : A2015-2197897
Amount of Each Receipt this Period 23.28
 Memo Item

B. Gregory A Wieser
Full Name (Last, First, Middle Initial)
Mailing Address 4644 STATE ST
City ERIE State PA Zip Code 16509-3666
FEC ID number of contributing federal political committee. C
Name of Employer Erie Insurance Group Occupation Dir Strategic Marketing
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 243.52

Date of Receipt 10 / 26 / 2015
Transaction ID : A2015-2380441
Amount of Each Receipt this Period 23.28
 Memo Item

C. Gregory A Wieser
Full Name (Last, First, Middle Initial)
Mailing Address 4644 STATE ST
City ERIE State PA Zip Code 16509-3666
FEC ID number of contributing federal political committee. C
Name of Employer Erie Insurance Group Occupation Dir Strategic Marketing
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 266.80

Date of Receipt 11 / 26 / 2015
Transaction ID : A2015-2552883
Amount of Each Receipt this Period 23.28
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 69.84
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 156 OF 187
(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. Gregory A Wieser

Mailing Address **4644 STATE ST**

City State Zip Code
ERIE PA 16509-3666

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

Name of Employer Occupation
Erie Insurance Group Dir Strategic Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
301.72

Date of Receipt
12 / 24 / 2015
Transaction ID : A2015-2789729

Amount of Each Receipt this Period
34.92

Memo Item

Full Name (Last, First, Middle Initial)
B. Jerry W Wiley

Mailing Address **246 MEDIATE DR**

City State Zip Code
RALEIGH NC 27603-1994

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

Name of Employer Occupation
Erie Insurance Group Sr Material Damage Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt
12 / 24 / 2015
Transaction ID : A2015-2789737

Amount of Each Receipt this Period
24.00

Memo Item

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

Mailing Address **2541 PISCES CT**

City State Zip Code
DUBLIN OH 43016-9039

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.48

Date of Receipt
08 / 26 / 2015
Transaction ID : A2015-1937922

Amount of Each Receipt this Period
25.04

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **83.96**

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

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

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

FOR LINE NUMBER: PAGE 157 OF 187
(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 Wilkerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2541 PISCES CT
 City DUBLIN State OH Zip Code 43016-9039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Field Cmrl Sales Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 236.52

Date of Receipt 09 / 25 / 2015
Transaction ID : A2015-2197888
 Amount of Each Receipt this Period 25.04
 Memo Item

B. Joseph M Wilkerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2541 PISCES CT
 City DUBLIN State OH Zip Code 43016-9039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Field Cmrl Sales Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 261.56

Date of Receipt 10 / 26 / 2015
Transaction ID : A2015-2380432
 Amount of Each Receipt this Period 25.04
 Memo Item

C. Joseph M Wilkerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2541 PISCES CT
 City DUBLIN State OH Zip Code 43016-9039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP Field Cmrl Sales Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 286.60

Date of Receipt 11 / 26 / 2015
Transaction ID : A2015-2552874
 Amount of Each Receipt this Period 25.04
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.12
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 158 OF 187
(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. Joseph M Wilkerson

Mailing Address 2541 PISCES CT

City State Zip Code
 DUBLIN OH 43016-9039

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 324.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789720

Amount of Each Receipt this Period
 37.56

Memo Item

Full Name (Last, First, Middle Initial)
B. Shane T Wohlrabe

Mailing Address 406 VERMONT AVE

City State Zip Code
 ERIE PA 16505-2336

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

Name of Employer Occupation
 Erie Insurance Group Claims Refresh Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 229.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684285

Amount of Each Receipt this Period
 46.38

Memo Item

Full Name (Last, First, Middle Initial)
C. Shane T Wohlrabe

Mailing Address 406 VERMONT AVE

City State Zip Code
 ERIE PA 16505-2336

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

Name of Employer Occupation
 Erie Insurance Group Claims Refresh Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937999

Amount of Each Receipt this Period
 30.92

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.86

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 159 OF 187
(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. Shane T Wohlrabe
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 VERMONT AVE
 City State Zip Code
 ERIE PA 16505-2336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Claims Refresh Analyst
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 291.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197965
 Amount of Each Receipt this Period
 30.92
 Memo Item

B. Shane T Wohlrabe
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 VERMONT AVE
 City State Zip Code
 ERIE PA 16505-2336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Claims Refresh Analyst
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 322.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380509
 Amount of Each Receipt this Period
 30.92
 Memo Item

C. Shane T Wohlrabe
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 VERMONT AVE
 City State Zip Code
 ERIE PA 16505-2336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group Claims Refresh Analyst
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 353.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552950
 Amount of Each Receipt this Period
 30.92
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.76
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 160 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Shane T Wohlrabe
Full Name (Last, First, Middle Initial)

Mailing Address 406 VERMONT AVE

City ERIE	State PA	Zip Code 16505-2336
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation Claims Refresh Analyst
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : A2015-2789796

Amount of Each Receipt this Period
46.38

Memo Item

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : A2015-1684265

Amount of Each Receipt this Period
120.00

Memo Item

C. Christy S Yousefnejad
Full Name (Last, First, Middle Initial)

Mailing Address 1022 W STERLINGTON PL

City APEX	State NC	Zip Code 27502-8938
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP & Claims Manager I
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : A2015-1937979

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	246.38
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 161 OF 187
(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 Occupation
 Erie Insurance Group VP & Claims Manager I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197945
 Amount of Each Receipt this Period
 80.00
 Memo Item

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 Occupation
 Erie Insurance Group VP & Claims Manager I
 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
 10 / 26 / 2015
Transaction ID : A2015-2380489
 Amount of Each Receipt this Period
 80.00
 Memo Item

C. Christy S Yousefnejad
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 W STERLINGTON PL
 City APEX State NC Zip Code 27502-8938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group VP & Claims Manager I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552930
 Amount of Each Receipt this Period
 80.00
 Memo Item

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 162 OF 187
	<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. 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 ▼ 1040.00

Date of Receipt **12 / 24 / 2015**
Transaction ID : A2015-2789776
 Amount of Each Receipt this Period 120.00
 Memo Item

B. 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 ▼ 750.00

Date of Receipt **07 / 24 / 2015**
Transaction ID : A2015-1684250
 Amount of Each Receipt this Period 150.00
 Memo Item

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 ▼ 850.00

Date of Receipt **08 / 26 / 2015**
Transaction ID : A2015-1937964
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	370.00
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 163 OF 187
(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 ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : A2015-2197930

Amount of Each Receipt this Period
 100.00

Memo Item

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 ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380474

Amount of Each Receipt this Period
 100.00

Memo Item

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 ▼
 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552915

Amount of Each Receipt this Period
 100.00

Memo Item

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 164 OF 187
(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 ▼
 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789761

Amount of Each Receipt this Period
 150.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Daniel J Zdunski

Mailing Address 1009 CRIMSON CLOVER DR

City State Zip Code
 BRENTWOOD TN 37027-1805

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 ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A2015-2380394

Amount of Each Receipt this Period
 20.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Daniel J Zdunski

Mailing Address 1009 CRIMSON CLOVER DR

City State Zip Code
 BRENTWOOD TN 37027-1805

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 ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : A2015-2552836

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00

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 165 OF 187
(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. Daniel J Zdunski

Mailing Address 1009 CRIMSON CLOVER DR

City State Zip Code
 BRENTWOOD TN 37027-1805

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 ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : A2015-2789682

Amount of Each Receipt this Period
 30.00

Memo Item

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

Mailing Address 9262 HAMOT RD

City State Zip Code
 WATERFORD PA 16441-2706

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

Name of Employer Occupation
 Erie Insurance Group SVP Field Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 725.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2015-1684201

Amount of Each Receipt this Period
 145.77

Memo Item

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

Mailing Address 9262 HAMOT RD

City State Zip Code
 WATERFORD PA 16441-2706

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

Name of Employer Occupation
 Erie Insurance Group SVP Field Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 822.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A2015-1937915

Amount of Each Receipt this Period
 97.18

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.95

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 166 OF 187
	<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	<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. 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 ▼ 919.89

Date of Receipt 09 / 25 / 2015
Transaction ID : A2015-2197881
 Amount of Each Receipt this Period 97.18
 Memo Item

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 ▼ 1017.07

Date of Receipt 10 / 26 / 2015
Transaction ID : A2015-2380425
 Amount of Each Receipt this Period 97.18
 Memo Item

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 ▼ 1114.25

Date of Receipt 11 / 26 / 2015
Transaction ID : A2015-2552867
 Amount of Each Receipt this Period 97.18
 Memo Item

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 167 OF 187
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼
 1260.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015

Transaction ID : A2015-2789713

Amount of Each Receipt this Period
 145.77

Memo Item

B. 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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.77
TOTAL This Period (last page this line number only).....▶	51462.78

**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. McCarthy Victory Fund

Mailing Address P.O. Box 30844

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B583844

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Insuring Our Future Committee

Mailing Address 3410 Alabama Avenue

City State Zip Code
Alexandria VA 22305

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B586445

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Dennis Ross

Mailing Address 133 South Harbor Drive

City State Zip Code
Venice FL 34285

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Dennis Ross

Office Sought: House Senate President
State: FL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : B587727

Amount of Each Disbursement this Period

Memo Item

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 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. Rothfus for Congress

Mailing Address P.O. Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement Contribution

011

Candidate Name
Keith Rothfus

Category/Type

Office Sought: House Senate President
State: PA District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : **B585326**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Duffy for Congress

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement Contribution

011

Candidate Name
Sean Duffy

Category/Type

Office Sought: House Senate President
State: WI District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : **B577838**

Amount of Each Disbursement this Period

1300.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement Contribution

011

Candidate Name
Ron J Kind

Category/Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : **B577839**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4300.00

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

15300.00

**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 Monique Davis

Mailing Address 2147 West 107th Street

City Chicago State IL Zip Code 60643

Purpose of Disbursement
P-2016 State House 27 IL

011

Category/
Type

Candidate Name

Monique Davis

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 27

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577841

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cmte for Frank J. Mautino

Mailing Address P.O. Box 36

City Spring Valley State IL Zip Code 61362

Purpose of Disbursement
P-2016 State House 76 IL

011

Category/
Type

Candidate Name

Frank J Mautino

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 76

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577854

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Christina Hale

Mailing Address 5718 Toad Hollow Lane

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement
P-2016 State House 87 IN

011

Category/
Type

Candidate Name

Christina Hale

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 87

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577856

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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

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

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

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(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 for Bruce Borders

Mailing Address RR 1 Box 174B

City Jasonville State IN Zip Code 47438

Purpose of Disbursement
P-2016 State House 45 IN

011

Candidate Name

Bruce Borders

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 45

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : B581944

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VoteCarbaugh

Mailing Address 200 W. Washington Street

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
P-2016 State House 81 IN

011

Candidate Name

Martin Carbaugh

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 81

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : B581946

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bob Heaton for State Rep Cmte

Mailing Address P.O. Box 9629

City Terre Haute State IN Zip Code 47808

Purpose of Disbursement
P-2016 State House 46 IN

011

Candidate Name

Bob Heaton

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 46

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : B581947

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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<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. Hoosiers for Holdman

Mailing Address 7617 W. Jefferson Blvd.

City Ft. Wayne State IN Zip Code 46804

Purpose of Disbursement
P-2018 State Senate 19 IN

011

Category/
Type

Candidate Name

Travis Holdman

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 19

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : B581952

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Matt Lehman for State Representative

Mailing Address 663 Lehman

City Berne State IN Zip Code 46711

Purpose of Disbursement
P-2016 State House 79 IN

011

Category/
Type

Candidate Name

Matt Lehman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 79

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : B581948

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cmte to Elect Kevin Mahan State

Mailing Address 305 E Fairlane Drive

City Hartford City State IN Zip Code 47348

Purpose of Disbursement
P-2016 State House 31 IN

011

Category/
Type

Candidate Name

Kevin Mahan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 31

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : B581949

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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

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

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<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. The Mayfield Campaign

Mailing Address 50 S. Madison

City Mooresville State IN Zip Code 46158

Purpose of Disbursement
P-2016 State House 60 IN

011

Candidate Name

Peggy Mayfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 60

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : B581950

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Torr for Representative

Mailing Address 11944 Esty Way

City Carmel State IN Zip Code 46033

Purpose of Disbursement
P-2016 State House 39 IN

011

Candidate Name

Gerald 'Jerry' Torr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 39

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : B581951

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cmte to Elect Brian Bosma

Mailing Address 9052 Nautical Watch Dr.

City Indianapolis State IN Zip Code 46236

Purpose of Disbursement
P-2016 State House 88 IN

011

Candidate Name

Brian C. Bosma

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 88

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : B589033

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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

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

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Detailed Summary Page

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(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. Phil Berger Campaign

Mailing Address P.O. Box 1309

City Eden State NC Zip Code 27289

Purpose of Disbursement
P-2016 State Senate 26 NC

011

Candidate Name

Phillip Berger

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : B585324

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Justin Burr for NC House

Mailing Address P.O. Box 1966

City Albemarle State NC Zip Code 28802

Purpose of Disbursement
P-2016 State House 67 NC

011

Candidate Name

Justin Burr

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 67

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : B585321

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wesley Meredith for Senate

Mailing Address P.O. Box 27398

City Fayetteville State NC Zip Code 28314

Purpose of Disbursement
P-2016 State Senate 19 NC

011

Candidate Name

Wesley Meredith

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 19

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : B585325

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Garland Pierce

Mailing Address 21981 Buie Street

City Wagram State NC Zip Code 28396

Purpose of Disbursement
P-2016 State House 48 NC

011

Candidate Name

Garland E Pierce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 48

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : B585322

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Paul Tine

Mailing Address PO Box 12

City Kitty Hawk State NC Zip Code 27949

Purpose of Disbursement
P-2016 State House 06 NC

011

Candidate Name

Paul N Tine

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : B585323

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Lou Gentile

Mailing Address 500 Luray Dr

City Wintersville State OH Zip Code 43953

Purpose of Disbursement
P-2016 State Senate 30 OH

011

Candidate Name

Lou Gentile

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 30

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : B583847

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Mike Henne

Mailing Address 8447 Diamond Mill Road

City Clayton State OH Zip Code 45315

Purpose of Disbursement
P-2016 State House 40 OH

011

Candidate Name
Mike Henne

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 40

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : **B583846**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Obhof

Mailing Address 5206 Crown Point Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement
P-2016 State Senate 22 OH

011

Candidate Name
Larry Obhof

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : **B589034**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Joe Schiavoni for State Senate

Mailing Address 87 Westchester Dr

City Austintown State OH Zip Code 44515

Purpose of Disbursement
P-2018 State Senate 33 OH

011

Candidate Name
Joe Schiavoni

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 33

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : **B589032**

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Re-elect Craig Fitzhugh

Mailing Address 135 South Alpine

City Ripley State TN Zip Code 38063

Purpose of Disbursement
P-2016 State House 82 TN

011

Candidate Name

Craig Fitzhugh

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 82

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577857

Amount of Each Disbursement this Period

350.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Beth Harwell Campaign Fund

Mailing Address 107 War Memorial Bldg.

City Nashville State TN Zip Code 37243

Purpose of Disbursement
P-2016 State House 56 TN

011

Candidate Name

Beth Halteman Harwell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 56

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577858

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jack Johnson for Senate

Mailing Address 330 Franklin Rd Ste 135A-178

City Brentwood State TN Zip Code 37027

Purpose of Disbursement
P-2018 State Senate 23 TN

011

Candidate Name

Jack Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TN District: 23

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577861

Amount of Each Disbursement this Period

350.00

Memo Item

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

1200.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Re-Elect Bill Ketron

Mailing Address 2510 Blanton's Pointe

City Murfreesboro State TN Zip Code 37129

Purpose of Disbursement
P-2018 State Senate 13 TN

011

Candidate Name
Bill Ketron

Category/
Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TN District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577863

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Gerald McCormick

Mailing Address 5311 Fariview Road

City Hixson State TN Zip Code 37343

Purpose of Disbursement
P-2016 State House 26 TN

011

Candidate Name
Gerald McCormick

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577855

Amount of Each Disbursement this Period

350.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stephen McManus for Rep.

Mailing Address 405 Riveredge Dr.

City Cordova State TN Zip Code 38018

Purpose of Disbursement
P-2016 State House 96 TN

011

Candidate Name
Stephen McManus

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District: 96

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577859

Amount of Each Disbursement this Period

350.00

Memo Item

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

950.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Charles Sargent Campaign Fund

Mailing Address 214 War Memorial Bldg.

City Nashville State TN Zip Code 37243

Purpose of Disbursement
P-2016 State House 61 TN

011

Candidate Name

Charles M Sargent

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 61

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577860

Amount of Each Disbursement this Period

350.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bo Watson for Senate

Mailing Address 1208 E Dallas Rd

City Chattanooga State TN Zip Code 37405

Purpose of Disbursement
P-2018 State Senate 11 TN

011

Candidate Name

Bo Watson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TN District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577862

Amount of Each Disbursement this Period

350.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Kenneth C. Alexander

Mailing Address 120 West Berkley Avenue

City Norfolk State VA Zip Code 23523

Purpose of Disbursement
G-2015 State Senate 05 VA

011

Candidate Name

Kenneth C Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577844

Amount of Each Disbursement this Period

500.00

Memo Item

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

1200.00

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 Kathy J. Byron

Mailing Address 523 Leesville Road

City Lynchburg State VA Zip Code 24502

Purpose of Disbursement
G-2015 State House 22 VA

011

Category/
Type

Candidate Name

Kathy J Byron

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: VA District: 22

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577842

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Creigh Deeds

Mailing Address P.O. Box 5462

City Charlottesville State VA Zip Code 22905

Purpose of Disbursement
G-2015 State Senate 25 VA

011

Category/
Type

Candidate Name

Creigh Deeds

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: VA District: 25

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577845

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Terry G. Kilgore

Mailing Address P.O. Box 669

City Gate City State VA Zip Code 24251

Purpose of Disbursement
G-2015 State House 01 VA

011

Category/
Type

Candidate Name

Terry G. Kilgore

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577843

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Friends of Stephen D. Newman		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address P.O. Box 480		Transaction ID : B577846
City Lynchburg	State VA	
Purpose of Disbursement G-2015 State Senate 23 VA	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 500.00
Candidate Name Stephen D Newman	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 23		

Full Name (Last, First, Middle Initial) B. Friends of Thomas Kent Norment Jr.		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address P.O. Box 6205		Transaction ID : B577847
City Williamsburg	State VA	
Purpose of Disbursement G-2015 State Senate 03 VA	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 500.00
Candidate Name Thomas K Norment	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 03		

Full Name (Last, First, Middle Initial) C. Friends of Richard Lawrence Saslaw		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address P.O. Box 1856		Transaction ID : B577848
City Springfield	State VA	
Purpose of Disbursement G-2015 State Senate 35 VA	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 500.00
Candidate Name Richard L Saslaw	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 35		

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 David Albo

Mailing Address 6367 Rolling Mill Pl. Ste. 102

City Springfield State VA Zip Code 22152

Purpose of Disbursement
G-2015 State House 42 VA

011

Candidate Name

David Barr Albo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: VA District: 42

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : B583851

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Howell for Delegate

Mailing Address 106 Carter St

City Falmouth State VA Zip Code 22405

Purpose of Disbursement
G-2015 State House 28 VA

011

Candidate Name

William J Howell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: VA District: 28

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : B583849

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Jennifer L. McClellan

Mailing Address P.O. Box 406

City Richmond State VA Zip Code 23218

Purpose of Disbursement
G-2015 State House 71 VA

011

Candidate Name

Jennifer L McClellan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: VA District: 71

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : B583852

Amount of Each Disbursement this Period

500.00

Memo Item

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

2000.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
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<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 Keep Craig Blair in Public Office

Mailing Address 47 Wasser Drive

City Martinsburg State WV Zip Code 25403

Purpose of Disbursement
P-2016 State Senate 15 WV

011

Category/
Type

Candidate Name
Craig P Blair

Office Sought: House
 Senate
 President
State: WV District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : B577852

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Boley for Senate

Mailing Address Rte. 4 Box 72

City St. Mary's State WV Zip Code 26170

Purpose of Disbursement
P-2016 State Senate 03 WV

011

Category/
Type

Candidate Name
Donna J Boley

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : B577853

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Cole

Mailing Address P.O. Box 1697

City Bluefield State WV Zip Code 29605

Purpose of Disbursement
P-2016 Governor WV

011

Category/
Type

Candidate Name
William Cole

Office Sought: House
 Senate
 President
State: WV District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : B577840

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2000.00

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

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

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(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 JB McCuskey

Mailing Address P.O. Box 11359

City Charleston State WV Zip Code 25339

Purpose of Disbursement
P-2016 State House 35 WV

011

Candidate Name

John B McCuskey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 35

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577850

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Westfall for the House

Mailing Address 450 S. Church Street

City Ripley State WV Zip Code 25271

Purpose of Disbursement
P-2016 State House 12 WV

011

Candidate Name

Steve Westfall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : B577851

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Eric Nelson

Mailing Address P.O. Box 186

City Charleston State WV Zip Code 25321

Purpose of Disbursement
P-2016 State House 35 WV

011

Candidate Name

Eric Nelson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 35

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : B585328

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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

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

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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. John Shott Committee

Mailing Address 422 Oakhurst Avenue

City Bluefield State WV Zip Code 24701

Purpose of Disbursement
P-2016 State House 27 WV

011

Category/
Type

Candidate Name
John Shott

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 27

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : B585327

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

500.00

24350.00