

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		122656.80
(b) Cash on Hand at Beginning of Reporting Period.....	122656.80	
(c) Total Receipts (from Line 19)	28444.63	28444.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	151101.43	151101.43
7. Total Disbursements (from Line 31).....	23500.00	23500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	127601.43	127601.43
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

Write or Type Committee Name

Erie Indemnity Company PAC - Federal

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15464.47	15464.47
(ii) Unitemized	12980.16	12980.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	28444.63	28444.63
(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)	28444.63	28444.63
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)).....▶	28444.63	28444.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	28444.63	28444.63

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.....	17500.00	17500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	6000.00	6000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23500.00	23500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23500.00	23500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	28444.63	28444.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28444.63	28444.63
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 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Bahn, James, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 SHAWNEE DR
 City ERIE State PA Zip Code 16505-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Claims Refresh Program Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.02

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591934
 Amount of Each Receipt this Period 98.98
 Memo Item

B. Banks, Mark, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5123 FLINTLOCK LN
 City ROANOKE State VA Zip Code 24018-8711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP & Branch Manager IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.48

Date of Receipt 02 / 22 / 2018
Transaction ID : A2018-474560
 Amount of Each Receipt this Period 162.74
 Memo Item

C. Banks, Mark, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5123 FLINTLOCK LN
 City ROANOKE State VA Zip Code 24018-8711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP & Branch Manager IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.66

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591935
 Amount of Each Receipt this Period 165.18
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	426.90
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: (check only one)	PAGE 8 OF 40
	<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. Bauer, David, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2081 MAJESTY CT
 City AKRON State OH Zip Code 44333-1282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Field Life Sales Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591938
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Bloom, Jon, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 RIDGEVIEW DR
 City ERIE State PA Zip Code 16505-1059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Dir EPMO Performance Tracking
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.08

Date of Receipt 02 / 22 / 2018
Transaction ID : A2018-474501
 Amount of Each Receipt this Period 101.04
 Memo Item

C. Bloom, Jon, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 RIDGEVIEW DR
 City ERIE State PA Zip Code 16505-1059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Dir EPMO Performance Tracking
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 304.31

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591941
 Amount of Each Receipt this Period 102.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	303.27
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: (check only one)	PAGE 9 OF 40
	<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. Brinling, Jeffrey, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5603 STONERIDGE DR
 City FAIRVIEW State PA Zip Code 16415-2243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Corporate Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2018
Transaction ID : A2018-474444
 Amount of Each Receipt this Period
 196.00
 Memo Item

B. Brinling, Jeffrey, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5603 STONERIDGE DR
 City FAIRVIEW State PA Zip Code 16415-2243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Corporate Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : A2018-591947
 Amount of Each Receipt this Period
 196.00
 Memo Item

C. Burns, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8391 SUN LAKE DR
 City GIRARD State PA Zip Code 16417-7013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Corporate Claims Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2018
Transaction ID : A2018-86722
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	692.00
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 10 OF 40
	<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. Burns, Patrick, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8391 SUN LAKE DR

City GIRARD	State PA	Zip Code 16417-7013
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) VP Corporate Claims Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		22		2018

Transaction ID : A2018-474525

Amount of Each Receipt this Period
300.00

Memo Item

B. Burns, Patrick, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8391 SUN LAKE DR

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

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

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) VP Corporate Claims Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		21		2018

Transaction ID : A2018-591950

Amount of Each Receipt this Period
300.00

Memo Item

C. Cummings, Shawn, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1844 BUXTON WAY

City BURLINGTON	State NC	Zip Code 27215-9435
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) Dir Strategic Agency Invstmt
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		22		2018

Transaction ID : A2018-474436

Amount of Each Receipt this Period
100.44

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 40
	<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. Cummings, Shawn, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1844 BUXTON WAY
 City BURLINGTON State NC Zip Code 27215-9435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Dir Strategic Agency Invstmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.08

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591955
 Amount of Each Receipt this Period 101.20
 Memo Item

B. Dorio, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Erie Insurance Group Occupation (for Individual) Project Manager II (IT)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591959
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Fechner III, Ruben, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6045 FOSSILWOOD CT
 City ERIE State PA Zip Code 16506-7013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 228.46

Date of Receipt 01 / 26 / 2018
Transaction ID : A2018-86691
 Amount of Each Receipt this Period 228.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	429.66
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: (check only one)	PAGE 12 OF 40
<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. Fechner III, Ruben, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6045 FOSSILWOOD CT
 City ERIE State PA Zip Code 16506-7013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.92

Date of Receipt 02 / 22 / 2018
Transaction ID : A2018-474579
 Amount of Each Receipt this Period 228.46
 Memo Item

B. Fechner III, Ruben, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6045 FOSSILWOOD CT
 City ERIE State PA Zip Code 16506-7013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.38

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591965
 Amount of Each Receipt this Period 233.46
 Memo Item

C. Felong Pietrusinski, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4316 TROON AVE
 City ERIE State PA Zip Code 16506-3656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Strategic Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.96

Date of Receipt 02 / 22 / 2018
Transaction ID : A2018-474476
 Amount of Each Receipt this Period 121.98
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.90
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 13 OF 40
	<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. Felong Pietrusinski, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4316 TROON AVE
 City ERIE State PA Zip Code 16506-3656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Strategic Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 368.23

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591966
 Amount of Each Receipt this Period 124.27
 Memo Item

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

Date of Receipt 01 / 26 / 2018
Transaction ID : A2018-86758
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Feltz, Lorianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6418 FIELD VALLEY LN
 City FAIRVIEW State PA Zip Code 16415-1725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Customer Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 22 / 2018
Transaction ID : A2018-474457
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	924.27
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: (check only one)	PAGE 14 OF 40
<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. Feltz, Lorianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6418 FIELD VALLEY LN
 City FAIRVIEW State PA Zip Code 16415-1725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Customer Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591967
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Fitzgerald, Douglas, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Erie Insurance Group Occupation (for Individual) VP & Branch Manager IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.50

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591969
 Amount of Each Receipt this Period 78.50
 Memo Item

C. Fletcher, Charles, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Erie Insurance Group Occupation (for Individual) VP & Branch Manager IV
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 290.02

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591970
 Amount of Each Receipt this Period 97.70
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 40
	<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. Glod, David, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4902 REESE RD
 City ERIE State PA Zip Code 16510-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP & Sr Portfolio Mgr Fxd Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591975
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Gutting, Gregory, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 SYBIL DR
 City ERIE State PA Zip Code 16505-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.16

Date of Receipt 01 / 26 / 2018
Transaction ID : A2018-86696
 Amount of Each Receipt this Period 346.16
 Memo Item

C. Gutting, Gregory, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 SYBIL DR
 City ERIE State PA Zip Code 16505-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.32

Date of Receipt 02 / 22 / 2018
Transaction ID : A2018-474435
 Amount of Each Receipt this Period 346.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	792.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 40
<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. Gutting, Gregory, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 529 SYBIL DR

City ERIE	State PA	Zip Code 16505-2151
--------------	-------------	------------------------

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

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) SVP Controller
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2018

Transaction ID : A2018-591978

Amount of Each Receipt this Period
357.70

Memo Item

B. Herr Jr., William, N, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3450 TANAGER DR

City ERIE	State PA	Zip Code 16506-1156
--------------	-------------	------------------------

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

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) VP Corporate Actuarial
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2018

Transaction ID : A2018-474570

Amount of Each Receipt this Period
147.22

Memo Item

C. Herr Jr., William, N, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3450 TANAGER DR

City ERIE	State PA	Zip Code 16506-1156
--------------	-------------	------------------------

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

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) VP Corporate Actuarial
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
443.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2018

Transaction ID : A2018-591984

Amount of Each Receipt this Period
148.69

Memo Item

SUBTOTAL of Receipts This Page (optional).....	653.61
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 17 OF 40
	<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. Hirst, Melvin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 FOREST XING
 City ERIE State PA Zip Code 16506-7004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Sales Promotion & Agcy Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : A2018-591989
 Amount of Each Receipt this Period
 80.00
 Memo Item

B. Ingram III, Robert, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Erie Insurance Group Occupation (for Individual) EVP & Chief Information Ofcr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2018
Transaction ID : A2018-86687
 Amount of Each Receipt this Period
 307.70
 Memo Item

C. Ingram III, Robert, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Erie Insurance Group Occupation (for Individual) EVP & Chief Information Ofcr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 615.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2018
Transaction ID : A2018-474575
 Amount of Each Receipt this Period
 307.70
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	695.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 40
<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. Ingram III, Robert, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Erie Insurance Group Occupation (for Individual) EVP & Chief Information Ofcr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.10

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591994
 Amount of Each Receipt this Period 307.70
 Memo Item

B. Kennedy, Keith, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Erie Insurance Group Occupation (for Individual) SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 22 / 2018
Transaction ID : A2018-474569
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Kennedy, Keith, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Erie Insurance Group Occupation (for Individual) SVP Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-591999
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	707.70
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 19 OF 40
	<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. Koebe, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2002 CHARLESTON AVE
 City ERIE State PA Zip Code 16509-1732
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Dir Personal Lines Prcs Oprs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 22 / 2018
Transaction ID : A2018-474438
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Koebe, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2002 CHARLESTON AVE
 City ERIE State PA Zip Code 16509-1732
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Dir Personal Lines Prcs Oprs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-592001
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Kraus Phillips, Karen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Erie Insurance Group Occupation (for Individual) VP Strategic Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.11

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-592002
 Amount of Each Receipt this Period 78.87
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	318.87
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: (check only one)	PAGE 20 OF 40
<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. Mack, Debra, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3560 KANE HILL RD

City ERIE	State PA	Zip Code 16510-4962
--------------	-------------	------------------------

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

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) Dir Sales & Agy Bsn Prcs/Plng
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2018

Transaction ID : A2018-592007

Amount of Each Receipt this Period
90.47

Memo Item

B. Marsh, Christina, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 245 GATEWAY DR

City FAIRVIEW	State PA	Zip Code 16415-1639
------------------	-------------	------------------------

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

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) SVP Services
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2018

Transaction ID : A2018-474474

Amount of Each Receipt this Period
180.00

Memo Item

C. Marsh, Christina, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 245 GATEWAY DR

City FAIRVIEW	State PA	Zip Code 16415-1639
------------------	-------------	------------------------

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

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) SVP Services
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2018

Transaction ID : A2018-592011

Amount of Each Receipt this Period
180.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.47
TOTAL This Period (last page this line 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 40
	<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. McLaughlin, Sean, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4870 WATSON RD
 City ERIE State PA Zip Code 16505-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) EVP Secy & Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 01 / 26 / 2018
Transaction ID : A2018-86693
 Amount of Each Receipt this Period 308.00
 Memo Item

B. McLaughlin, Sean, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4870 WATSON RD
 City ERIE State PA Zip Code 16505-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) EVP Secy & Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 616.00

Date of Receipt 02 / 22 / 2018
Transaction ID : A2018-474581
 Amount of Each Receipt this Period 308.00
 Memo Item

C. McLaughlin, Sean, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4870 WATSON RD
 City ERIE State PA Zip Code 16505-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) EVP Secy & Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-592015
 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 22 OF 40
<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. McNutt, Robert, W, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4892 N WAYSIDE DR

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

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

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) VP & Treasurer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

Transaction ID : A2018-86734

Amount of Each Receipt this Period
240.00

Memo Item

B. McNutt, Robert, W, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4892 N WAYSIDE DR

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

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

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) VP & Treasurer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2018

Transaction ID : A2018-474537

Amount of Each Receipt this Period
240.00

Memo Item

C. McNutt, Robert, W, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4892 N WAYSIDE DR

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

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

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) VP & Treasurer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2018

Transaction ID : A2018-592018

Amount of Each Receipt this Period
240.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	720.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 40
	<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. Micholas, Leah, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 HICKORY HEIGHTS DR
 City BRIDGEVILLE State PA Zip Code 15017-1083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP & Branch Manager IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.60

Date of Receipt 02 / 22 / 2018
Transaction ID : A2018-474554
 Amount of Each Receipt this Period 116.80
 Memo Item

B. Micholas, Leah, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 HICKORY HEIGHTS DR
 City BRIDGEVILLE State PA Zip Code 15017-1083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP & Branch Manager IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.91

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-592022
 Amount of Each Receipt this Period 118.31
 Memo Item

C. Mitchell, Cheryl, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4315 ALISON AVE
 City ERIE State PA Zip Code 16506-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Workplace Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-592023
 Amount of Each Receipt this Period 72.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	307.11
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: (check only one)	PAGE 24 OF 40
	<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. Myers, Matthew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6515 HONEY LN
 City ERIE State PA Zip Code 16509-4879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP & Claims Ref Prgm Sponsor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 22 / 2018**
Transaction ID : A2018-474524
 Amount of Each Receipt this Period 150.00
 Memo Item

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

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592028
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Nealon III, James, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4044 SHADYBROOK DR
 City ERIE State PA Zip Code 16506-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 289.12

Date of Receipt **02 / 22 / 2018**
Transaction ID : A2018-474536
 Amount of Each Receipt this Period 144.56
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	444.56
TOTAL This Period (last page this line 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 40
	<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. Nealon III, James, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4044 SHADYBROOK DR
 City ERIE State PA Zip Code 16506-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.85

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592030
 Amount of Each Receipt this Period 146.73
 Memo Item

B. NeCastro, Timothy, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6146 SCIOTO CT
 City FAIRVIEW State PA Zip Code 16415-3276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Regional Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.00

Date of Receipt **01 / 26 / 2018**
Transaction ID : A2018-86747
 Amount of Each Receipt this Period 346.00
 Memo Item

C. NeCastro, Timothy, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6146 SCIOTO CT
 City FAIRVIEW State PA Zip Code 16415-3276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Regional Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.00

Date of Receipt **02 / 22 / 2018**
Transaction ID : A2018-474446
 Amount of Each Receipt this Period 346.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	838.73
TOTAL This Period (last page this line 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 40
<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. NeCastro, Timothy, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6146 SCIOTO CT
 City FAIRVIEW State PA Zip Code 16415-3276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Regional Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1038.00

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592031
 Amount of Each Receipt this Period 346.00
 Memo Item

B. Page, Gregory, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8780 MARTHA WAY
 City WATERFORD State PA Zip Code 16441-4066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP & Regional Claims Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **02 / 22 / 2018**
Transaction ID : A2018-474545
 Amount of Each Receipt this Period 120.00
 Memo Item

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

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592036
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	586.00
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 27 OF 40
	<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. Postema, Bradley, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5701 DOBLER RD
 City GIRARD State PA Zip Code 16417-8768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP & Chief Investment Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.84

Date of Receipt **01 / 26 / 2018**
Transaction ID : A2018-86683
 Amount of Each Receipt this Period 249.84
 Memo Item

B. Postema, Bradley, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5701 DOBLER RD
 City GIRARD State PA Zip Code 16417-8768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP & Chief Investment Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.68

Date of Receipt **02 / 22 / 2018**
Transaction ID : A2018-474571
 Amount of Each Receipt this Period 249.84
 Memo Item

C. Postema, Bradley, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5701 DOBLER RD
 City GIRARD State PA Zip Code 16417-8768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP & Chief Investment Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 753.27

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592040
 Amount of Each Receipt this Period 253.59
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	753.27
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: (check only one)	PAGE 28 OF 40
	<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. Rogers, Belinda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 658 W 6TH ST
 City ERIE State PA Zip Code 16507-1173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Counsel I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.41

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592047
 Amount of Each Receipt this Period 77.57
 Memo Item

B. Rucker, Sheryl, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 DUNN VALLEY RD
 City ERIE State PA Zip Code 16509-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 344.72

Date of Receipt **02 / 22 / 2018**
Transaction ID : A2018-474509
 Amount of Each Receipt this Period 172.36
 Memo Item

C. Rucker, Sheryl, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 DUNN VALLEY RD
 City ERIE State PA Zip Code 16509-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.10

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592049
 Amount of Each Receipt this Period 175.38
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	425.31
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 29 OF 40
	<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. Rugare, Karen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6945 HONEY LN
 City ERIE State PA Zip Code 16509-4889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Strategic Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **02 / 22 / 2018**
Transaction ID : A2018-474547
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Rugare, Karen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6945 HONEY LN
 City ERIE State PA Zip Code 16509-4889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Strategic Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592050
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Schoenig, Bridget, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5122 ROBINHOOD LN
 City ERIE State PA Zip Code 16509-2561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 284.72

Date of Receipt **02 / 22 / 2018**
Transaction ID : A2018-474503
 Amount of Each Receipt this Period 142.36
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	382.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 40
<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. Schoenig, Bridget, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5122 ROBINHOOD LN
 City ERIE State PA Zip Code 16509-2561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.22

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592052
 Amount of Each Receipt this Period 144.50
 Memo Item

B. Shine, Sarah, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6015 PEBBLE CREEK DR
 City FAIRVIEW State PA Zip Code 16415-3265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Commercial Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.76

Date of Receipt **02 / 22 / 2018**
Transaction ID : A2018-474456
 Amount of Each Receipt this Period 165.38
 Memo Item

C. Shine, Sarah, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6015 PEBBLE CREEK DR
 City FAIRVIEW State PA Zip Code 16415-3265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Commercial Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.03

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592054
 Amount of Each Receipt this Period 168.27
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	478.15
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 31 OF 40
	<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. Siegrist, Erin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2302 HUNTERS RIDGE DR
 City ERIE State PA Zip Code 16510-6322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Director Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 274.62

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592055
 Amount of Each Receipt this Period 92.30
 Memo Item

B. Stoik, James, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 NIAGARA PIER
 City ERIE State PA Zip Code 16507-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 386.52

Date of Receipt **02 / 22 / 2018**
Transaction ID : A2018-474519
 Amount of Each Receipt this Period 193.26
 Memo Item

C. Stoik, James, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 NIAGARA PIER
 City ERIE State PA Zip Code 16507-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Internal Audit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.01

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592060
 Amount of Each Receipt this Period 196.49
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	482.05
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 32 OF 40
	<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. Veshecco, Gary, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Erie Insurance Group Occupation (for Individual) SVP Law & Privacy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 22 / 2018**
Transaction ID : A2018-474455
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Veshecco, Gary, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Erie Insurance Group Occupation (for Individual) SVP Law & Privacy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592066
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Witkowsky, James, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 MAGNOLIA BLOSSOM DR
 City ERIE State PA Zip Code 16510-6650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) Claims Refresh Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **03 / 21 / 2018**
Transaction ID : A2018-592075
 Amount of Each Receipt this Period 72.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	472.00
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 40
	<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. Yousefnejad, Christy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1022 W STERLINGTON PL
 City APEX State NC Zip Code 27502-8938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP & Claims Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-592078
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Zehr, Robert, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13130 KLINE RD
 City EDINBORO State PA Zip Code 16412-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) VP Enterprise Risk Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : A2018-592080
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Zimmer, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9262 HAMOT RD
 City WATERFORD State PA Zip Code 16441-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie Insurance Group Occupation (for Individual) SVP Field Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 214.32

Date of Receipt 02 / 22 / 2018
Transaction ID : A2018-474489
 Amount of Each Receipt this Period 107.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	287.16
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 34 OF 40
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zimmer, Christopher, J, ,

Mailing Address 9262 HAMOT RD

City WATERFORD	State PA	Zip Code 16441-2706
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Erie Insurance Group	Occupation (for Individual) SVP Field Claims
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : A2018-592081

Amount of Each Receipt this Period
 108.76

Memo Item

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.76
TOTAL This Period (last page this line number only).....	15464.47

**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"/> 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

A. Bacon for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 297761

City Columbus State OH Zip Code 43229

Purpose of Disbursement Contribution
Candidate Name **Bacon, Kevin, , ,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District: 12

Date of Disbursement: 01 / 31 / 2018

FEC Identification Number: C00664821
Transaction ID : **B679737**
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. Bob Casey for Senate Inc.

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement Contribution
Candidate Name **Casey, Bob, , , Jr.**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: PA District:

Date of Disbursement: 01 / 31 / 2018

FEC Identification Number: C00431056
Transaction ID : **B679724**
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

C. Marty for Congress Inc.

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1

City Orefield State PA Zip Code 18069

Purpose of Disbursement Contribution
Candidate Name **Nothstein, Marty, , ,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: PA District: 15

Date of Disbursement: 01 / 31 / 2018

FEC Identification Number: C00658583
Transaction ID : **B679740**
Amount of Each Disbursement this Period: 2000.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

Full Name (Last, First, Middle Initial)

A. Property Casualty Insurers Assn of America PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2018

Mailing Address 8700 West Bryn Mawr Suite 1200S

FEC Identification Number

C	C00066472
---	-----------

Transaction ID : B679725

Amount of Each Disbursement this Period

5000.00

Memo Item

City Chicago State IL Zip Code 60631

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Not Applicable

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2018

Mailing Address PO Box 12667

FEC Identification Number

C	C00420935
---	-----------

Transaction ID : B683515

Amount of Each Disbursement this Period

2500.00

Memo Item

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

McCarthy, Kevin, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: CA District: 23

Full Name (Last, First, Middle Initial)

C. Patriots for Perry

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2018

Mailing Address PO Box 147

FEC Identification Number

C	C00510164
---	-----------

Transaction ID : B683510

Amount of Each Disbursement this Period

2000.00

Memo Item

City Red Lion State PA Zip Code 17356

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Perry, Scott, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 04

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

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

9500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Guy for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 23177

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement Contribution

Candidate Name Reschenthaler, Guy, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 14

Date of Disbursement: 03 / 29 / 2018

FEC Identification Number: C00657833
Transaction ID : B683797

Amount of Each Disbursement this Period: 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	17500.00

**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"/> 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

A. Insurance Political Action Committee

Full Name (Last, First, Middle Initial)

Mailing Address 201 N. Illinois St. Ste. 1410

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement State PAC

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B683511
Amount of Each Disbursement this Period

Memo Item

B. Hoosiers for Holdman

Full Name (Last, First, Middle Initial)

Mailing Address 7617 W. Jefferson Blvd.

City Ft. Wayne State IN Zip Code 46804

Purpose of Disbursement P-2018 State Senate 19 IN

Category/Type

Candidate Name
Holdman, Travis, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IN District: 19

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B683513
Amount of Each Disbursement this Period

Memo Item

C. Friends of Mike Busch

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2241

City Annapolis State MD Zip Code 21404

Purpose of Disbursement O-2018 State House 30A MD

Category/Type

Candidate Name
Busch, Mike, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼ Election Cycle

State: MD District: 30

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B678637
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Friends of Mike Busch		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018
Mailing Address P.O. Box 2241		FEC Identification Number C [REDACTED] Transaction ID : B678048
City Annapolis	State MD	Zip Code 21404
Purpose of Disbursement O-2018 State House 30A MD		Category/ Type 011
Candidate Name Busch, Mike, , ,		Amount of Each Disbursement this Period [REDACTED] - 500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item 12/20/17 Voided: Original check dated
State: MD District: 30	Election Cycle	

Full Name (Last, First, Middle Initial) B. Committee to Elect Vickie Sawyer		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018
Mailing Address 337 Whippoorwill Road		FEC Identification Number C [REDACTED] Transaction ID : B683516
City Mooresville	State NC	Zip Code 28117
Purpose of Disbursement P-2018 State Senate 34 NC		Category/ Type 011
Candidate Name Sawyer, Vickie, , ,		Amount of Each Disbursement this Period [REDACTED] 1000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: NC District: 34		

Full Name (Last, First, Middle Initial) C. NYIAPAC (NY Insurance Assn PAC)		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018
Mailing Address 130 Washington Ave		FEC Identification Number C [REDACTED] Transaction ID : B681391
City Albany	State NY	Zip Code 12210
Purpose of Disbursement State PAC		Category/ Type 011
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Not Applicable	

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

**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"/> 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. Ohio Insurance Institute PAC (OIIPAC)

Mailing Address 172 E. State Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement State PAC

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) Not Applicable
 State: District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2018

FEC Identification Number

Transaction ID : B680235
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Brinkman Campaign Committee

Mailing Address 3215 Hardisty Ave.

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement P-2018 State House 27 OH

Category/Type

Candidate Name

Tom, Brinkman, , ,
 Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify)
 State: OH District: 27

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2018

FEC Identification Number

Transaction ID : B680234
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Hottinger

Mailing Address 386 Sabrecutt Dr.

City Newark State OH Zip Code 43055

Purpose of Disbursement P-2018 State Senate 31 OH

Category/Type

Candidate Name

Hottinger, Jay, , ,
 Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) Not Applicable
 State: OH District: 31

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2018

FEC Identification Number

Transaction ID : B683514
 Amount of Each Disbursement this Period

Memo Item

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

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