



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-1

John F. Weaber, Treasurer
Harleysville Insurance Political Action
Committee-Federal
355 Maple Avenue
Harleysville, PA 19438

JAN 19 2000

Identification Number: C00123950

Reference: Statement of Organization received 10/13/99

Dear Mr. Weaber:

This letter is prompted by the Commission's preliminary review of your Statement of Organization. The review raised questions concerning certain information contained in the Statement. An itemization follows:

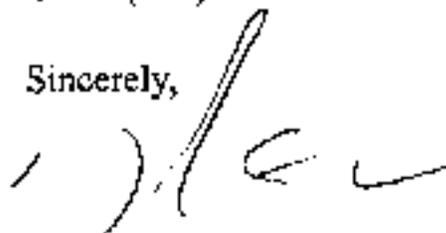
-The name of your connected organization, Harleysville Group, Inc., must be included in the name of your political committee. While committees may use commonly recognized abbreviations on daily communications such as letterhead and committee checks, committee filings (Statement of Organization, disclosure reports and amendments) must reflect the official name of the connected organization, as well as any abbreviation, within its title. 2 U.S.C. §432(e)(5)

-Line 5(f) indicates that your committee is not a separate segregated fund; however, your committee has disclosed a connected organization. Please amend your Statement of Organization to correctly identify your committee type.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our

toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,

A handwritten signature in black ink, appearing to read 'Neil Evans', written in a cursive style.

Neil Evans
Reports Analyst
Reports Analysis Division

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL: <input type="checkbox"/> (Check if name is changed)	2. DATE
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code	4. Is This Report An Amendment? <input type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

5. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
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8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FEBAN121

FEC FORM 1
(revised 4/87)

