FEC FORM 1	STATEMEN ORGANIZA	_	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
	ompany PAC - Fe	ederal	
ADDRESS (number and street)	100 Erie Insurance Place		
☐ ◀ (Check if address is changed)	Erie CITY▲		PA 16530 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	Gary.Veshecco@erieins		
	Optional Second E-Mail Add	ress	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)		
2. DATE 12			
3. FEC IDENTIFICATION N	UMBER ► C CO	0153577	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examined the	nis Statement and to the best of	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	r Veshecco, Gary, D, ,		
Signature of Treasurer	ecco, Gary, D, ,	[Electronically Filed]	Date 12 12 2016
NOTE: Submission of false, erron	eous, or incomplete information n ANY CHANGE IN INFORMATIC		nis Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

Image# 201612129040604636

12/12/2016 13 : 14

-	
FEC F	orm 1 (Revised 02/2009) Page 2
TYPE OF (COMMITTEE
Candidat	e Committee:
(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 Affilia	tion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Par
Political /	Action Committee (PAC):
(e) ×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fun	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Erie Indemnity Company PAC - Federal

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Erie Indemnity C				
Mailing Address	100 Erie Insurance Place			
	Erie		PA 1	6530
	CITY		STATE	ZIP CODE
Relationship: 🗶 Co	nnected Organization	e Joint Fundraisi	ing Representative	Leadership PAC Sponso
 Custodian of Record books and records. 	ds: Identify by name, address (phone numbe	er optional) and po	sition of the perso	n in possession of committee
Full Name				
Mailing Address				
Title or Position	CITY		STATE	ZIP CODE
		Telephone n	umber	
8. Treasurer: List the na any designated agent	ame and address (phone number optional) (e.g., assistant treasurer).	of the treasurer of t	he committee; and	I the name and address of
Full Name Ve of Treasurer	shecco, Gary, D, ,			
Mailing Address	100 Erie Insurance Place			
	Lerie CITY		PA 1 STATE	6530 [
Title or Position		Telephone n	umber 814	
1				

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	McWilliams, Kimberly, , ,				
Mailing Address	100 Erie Insurance Place				
	Erie		PA	16530	
	CITY	S			ZIP CODE

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.

	ank		
Mailing Address	9th & State Streets		
	Erie	PA 16533	
	CITY	STATE ZI	P CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZI	P CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This amendment is being filed to disclose a new assistant treasurer.

Form/Schedule: Transaction ID: