Image# 202010169296948075					PAGE 1 / 16
FEC AN	EPORT OF F ND DISBURS Other Than An Author	SEMENT	S	Offi	ce Use Only
1. NAME OF TYP COMMITTEE (in full)	e or print V	Example: If typi over the lines.	ng, type	12FE4M5	
Selective Insurance Comp	pany of America Po	olitical Action C	Committee		
ADDRESS (number and street)	0 Wantage Ave				
Check if different than previously reported. (ACC)	I         I				7890
2. FEC IDENTIFICATION NUMB	ER V CITY	▲	S		ZIP CODE
C C00550889	3. IS RE	- v	NEW N) <b>OR</b>	AMEND (A)	DED
(Choose One) (a) Quarterly Reports:	Report Due On: Mar 2	20 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (N Sep 20 (N Oct 20 (N	M9) (Non-Election Year Only) (Non-Election Year Only)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31	(c) 12-Day <b>PRE</b> -Election Report for the:	Convention	12C)	General (12G) Special (12S)	in the
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	on 11 General (300	0 <u>3</u> 3)	Runoff (30R)	State of DC Special (30S)
Termination Report (TER)	Election	on /		Y Y Y Y Y	in the State of
5. Covering Period		through	10 <sup>M</sup>	/ D D / Y 14	2020
I certify that I have examined this R E Type or Print Name of Treasurer	eport and to the best of n Beck, Jeffrey, , ,	ny knowledge and	belief it is true	e, correct and cor	nplete.
Signature of Treasurer	ey, , ,	[Electronicall	y Filed] Da	ate 10 /	16 / Y Y Y Y 2020
NOTE: Submission of false, erroneous	, or incomplete information	may subject the per	son signing thi	s Report to the pe	enalties of 52 U.S.C. § 3010
Office Use Only				F	EC FORM 3X Rev. 05/2016

10/16/2020 11 : 16

x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

#### Selective Insurance Company of America Political Action Committee

R	Report Covering the Period: From: 10		10 / Y Y Y Y 10 14 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		54532.64
	(b) Cash on Hand at Beginning of Reporting Period	43963.68	
	(c) Total Receipts (from Line 19)	1229.57	32160.61
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	45193.25	86693.25
7.	Total Disbursements (from Line 31)	10000.00	51500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35193.25	35193.25
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### Selective Insurance Company of America Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	1172.69	25747.76
Г	50.00	
(ii) Unitemized	56.88	6412.85
(iii) TOTAL (add	1229.57	32160.61
Lines 11(a)(i) and (ii)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
(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)▶	1229.57	32160.61
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received		
	0.00	0.00
L Loan Repayments Received	0.00	
<ol> <li>Offsets To Operating Expenditures (Refunds, Rebates, etc.)</li> </ol>		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
Г	2.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transford (add 19(a) and 19(b))	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	1229.57	32160.61
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	1229.57	32160.61

Page 3

I

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. 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
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	0.00	0.00
. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	10000.00	25500.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	2500.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)	0.00	0.00
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	2500.00
Other Disbursements (Including Non-Federal Donations)	0.00	23500.00
. Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity (from Schedule H6)	(20))	
(i) Federal Share	0.00	0.00
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>	0.00	0.00
Entirely With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10000.00	51500.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	10000.00	51500.00

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FFC	Form	3X	(Rev	05/2016	)
I LO	1 01111	JA	(1100.	03/2010	,

#### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

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						0.00
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						1229.57
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						0.00
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						0.00
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							0.00

COLUMN B

Calendar Year-to-Date



FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the				(check only one)						
11				<b>X</b> 11a		11b	11c	12				
Δr	y information copied from such Reports and S	tatements ma		t be sold or used by any pe		13	nur	14 19050 of	15 soliciting	16	17 ione	
or	for commercial purposes, other than using the	name and a	lddre	ss of any political committee	e to s	solicit co	ntrik	puse of putions	from such	committe	ee.	
$\setminus$	NAME OF COMMITTEE (In Full)		_									
	Selective Insurance Company o	f America	a P	olitical Action Comn	nitte	ee						
<u> </u>	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rgan	zation Name								
Α.	Acosta, Chalina, , ,				_	Date o	f Re	eceipt				
	Mailing Address 40 Wantage Ave					10 <sup>M</sup>	1	09	) / Y	Y Y 2020	Y	
	City	State		Zip Code		Trans	act	ion ID :	2020100	919416-5	8	
	Branchville	NJ		07890	_	Amoun	t of	Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.	С								10.0	00	
								-	-	40		
	Name of Employer (for Individual)		•	on (for Individual)		M	emo	o Item				
	Selective Insurance Company of America Receipt For:			Dperations	_							
	Primary General	Aggregate	rear		d I							
	Other (specify) <b>v</b>		-	210.00								
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Iraan	zation Name	+							
в.	Adams, Charles, , ,		ngan			Date o	f Re	eceipt				
	Mailing Address 1275 Glenlivet Dr Ste 200			10 09 / Y Y Y Y 2020								
	City	State		Zip Code					2020100		_	
	Allentown	PA		18106	-	Amoun	t of	Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.	C				Ľ				23.0	)8	
	Name of Employer (for Individual) Selective Insurance Company of America		•	on (for Individual) gional Manager		M	emo	o Item				
	Receipt For:	Aggregate	Year	-to-Date ▼								
	Other (specify) ▼			484.68								
			7									
~	Full Name of Individual (Last, First, Middle Init Albert, Shadi, , ,	ial) or Full O	rgan	zation Name		Data a	د D	agint				
С.	Mailing Address 40 Wantage Ave					Date o				YY	Y	
		1				10		09		2020		
	City Branchville	State NJ		Zip Code 07890						919416-6	7	
	FEC ID number of contributing	_	_			Amoun	t of	Each F	Receipt th	is Period	_	
	federal political committee.	C				Ŀ.		y I		19.2	23	
	Name of Employer (for Individual)		•	on (for Individual)		M	em	o Item				
	Selective Insurance Company of America Receipt For:	Aggregate		Strat & Bus Dev								
	Primary General	Aggregate	Tear		ıĿ.							
	Other (specify)		403.83									
						_	_	_	_	_	_	
s	UBTOTAL of Receipts This Page (optional)			••••••	•					52.3	31	
<b> </b> _					-							
Γſ	OTAL This Period (last page this line number of	only)		•••••••	•		1.0	-				

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PAGE 7 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
			13     14     15     16     17       person for the purpose of soliciting contributions       per to solicit contributions from such committee.							
Selective Insurance Company	y of America	a Political Action Com	mittee							
Full Name of Individual (Last, First, Middle Anderson, Allen, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 40 Wantage Ave			10 / Y Y Y Y Y 2020							
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020100919416-52 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		38.46							
Name of Employer (for Individual) Selective Insurance Company of America Receipt For:	SVF	upation (for Individual) P, Chief UW Officer P/L Year-to-Date ▼	Memo Item							
Other (specify) ▼		807.66	]							
Full Name of Individual (Last, First, Middle B. Beal, Jamie, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 40 Wantage Ave			10 / Y Y Y Y Y 2020							
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020100919416-77 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		20.00							
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Director of Communica	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420,00	]							
Full Name of Individual (Last, First, Middle C. Beck, Jeffrey, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 40 Wantage Ave			10 / D D / Y Y Y Y 2020							
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020100919416-55         Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) 9, Govt & Regulatory Af	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1615.32	]							
SUBTOTAL of Receipts This Page (optional)			135.38							
TOTAL This Period (last page this line numb	per only)									

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PAGE

8 OF

			(che	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		oose of	soliciting	g contribu	tions
$\overline{)}$	NAME OF COMMITTEE (In Full)									
	Selective Insurance Company of	America	a Political Action Comn	hittee	Э					
A.	Full Name of Individual (Last, First, Middle Initia Bennett, Cyndi, , ,	al) or Full O	Organization Name	[	Date of	Re	ceipt			
	Mailing Address 40 Wantage Ave				<sup>M</sup> 10	/	D D D D D D D D D D D D D D D D D D D	) / Y	y y 2020	Y
	City Branchville	State NJ	Zip Code 07890						919416-5 his Period	3
	FEC ID number of contributing federal political committee.	С					<b>,</b>		20.	00
	Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Compensation & Benefi		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00							
B.	Full Name of Individual (Last, First, Middle Initia Bresney, John, , ,	al) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 40 Wantage Ave			10 / Y Y Y Y 2020						
	City Branchville	State NJ		Transaction ID : 2020100919416-36 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.92						
	Name of Employer (for Individual) Selective Insurance Company of America	Occupation (for Individual) EVP, Chief Information Of			Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 634.59							
С.	Full Name of Individual (Last, First, Middle Initia Chakravarthi, Sarita, , ,	al) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 40 Wantage Ave	1			<sup>M</sup> 10	/	09	) / Y	ү ү 2020	Y
	City Branchville	State NJ	Zip Code 07890						0919416-5 nis Period	4
FEC ID number of contributing federal political committee.							, .	. ,	23.	08
			Occupation (for Individual) SVP, Tax & Asst Treasurer				Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 484.68							
s	UBTOTAL of Receipts This Page (optional)		•••••				,	. ,	120.	00
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PAGE 9 OF

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c 15	12	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		ose of s	soliciting	contribu	tions	
$\overline{)}$	NAME OF COMMITTEE (In Full)	-	_								
$\rangle$	Selective Insurance Company of	f America	a Political Action Comr	nitte	е						
<u> </u>	Full Name of Individual (Last, First, Middle Initia Clark, Thomas, , ,	al) or Full O	rganization Name		Date of	Ree	ceipt				
	Mailing Address 7401 Beaufont Springs Dr				M M	/	D D	/ Y	YY	Y	
	Ste 400	State	Zip Code	_	10 <b>T</b> rong		09	000100	2020		
	North Chesterfield	VA	23225						919416-6 iis Period	U	
	FEC ID number of contributing	C							50.	00	
	federal political committee.	С			<u> </u>		7	-9-	50.	00	
	Name of Employer (for Individual)	Осси	upation (for Individual)		Me	emo	Item				
	Selective Insurance Company of America	SVF	P, Claims General Couns								
	Receipt For:	Aggregate	Year-to-Date ▼	_							
	Other (specify) V		1050.00								
			7 7	<u> </u>							
R	Full Name of Individual (Last, First, Middle Initia Eppers, Joseph, , ,	al) or Full O	rganization Name		Date of	Ro	coint				
υ.	Mailing Address 10 Waterside Dr					1100		/ Y	YY	Y	
	Ste 306			10 09 2020							
	City	State CT	Zip Code 06032						919416-7	5	
	Farmington		_	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			19.23						
	Name of Employer (for Individual) Selective Insurance Company of America	Occupation (for Individual) Chief Investment Officer			Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		403.83								
— c.	Full Name of Individual (Last, First, Middle Initia Gaudet, Gordon, , ,	al) or Full O	rganization Name		Date of	Red	ceipt				
	Mailing Address 40 Wantage Ave				<sup>M</sup> 10	/	09	/ Y	2020	Y	
	City	State	Zip Code		Trans	acti	on ID : 2	2020100	919416-6	8	
	Branchville	NJ	07890	_	Amount	of I	Each Re	eceipt th	is Period		
	FEC ID number of contributing federal political committee.	С			100.00						
	Name of Employer (for Individual)	Occi	upation (for Individual)		Me	emo	Item				
	Selective Insurance Company of America	Chie	ef Innovation Officer								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		2100.00								
s	UBTOTAL of Receipts This Page (optional)			•					169.2	23	
_				_							
T	OTAL This Period (last page this line number o	nly)	•••••••	•	L		-		1 1 40		

FOR LINE NUMBER:

PAGE 10 OF

		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12				
Any information copied from such Reports and or for commercial purposes, other than using			13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
angle Selective Insurance Company	of Americ	a Political Action Com	nittee				
Full Name of Individual (Last, First, Middle <b>A.</b> Hall, Brenda, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 3426 Toringdon Way Ste 200			M M / D D / Y Y Y Y 10 09 2020				
City	State NC	Zip Code 28277	Transaction ID : 2020100919416-22				
Charlotte		20211	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, C/L Chief Operat Off	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		2100.00	]				
Full Name of Individual (Last, First, Middle <b>B. Hall, Contrina</b> , , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 3426 Toringdon Way Ste 200			10 09 2020				
City	State NC	Zip Code	Transaction ID : 2020100919416-88				
	INC.	28277	Amount of Each Receipt this Period				
federal political committee.	EC ID number of contributing ederal political committee.						
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Claims Liability	Memo Item				
Receipt For:	Aggregate	Year-to-Date <b>V</b>					
Other (specify)		230.76	]				
Full Name of Individual (Last, First, Middle C. Harris, Christie, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 3426 Toringdon Way Ste 200			M M / D D / Y Y Y Y 10 09 2020				
City Charlotte	State NC	Zip Code 28277	Transaction ID : 2020100919416-70				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Claims LOB	Memo Item				
Receipt For:		Year-to-Date 🔻	_				
Other (specify)		630.00	1				
SUBTOTAL of Receipts This Page (optional)			187.69				
TOTAL This Period (last page this line numb	er only)						

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PAGE 11 OF

	-	Use separate schedule(s)	(cheo	ck only	on	e)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	
Any information copied from such Reports and									
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to soli	cit con	tribu	utions f	from such	n committ	ee.
NAME OF COMMITTEE (In Full) Selective Insurance Company	/ of Americ	a Political Action Com	nittee	;					
Full Name of Individual (Last, First, Middle Hollander, Martin, , ,	Initial) or Full C	tial) or Full Organization Name				ceipt			
Mailing Address 40 Wantage Ave				м м 10	/	09	) / Y	y y 2020	Y
City Branchville	State NJ	Zip Code 07890						919416-7 iis Period	4
FEC ID number of contributing federal political committee.	С			_		7		19.3	23
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Chief Audit Executiv		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 403.83	1						
Full Name of Individual (Last, First, Middle B. Kikkert, Bonnie, , ,	Initial) or Full C	organization Name	D	ate of	Ree	ceipt			
Mailing Address 40 Wantage Ave					/	D D 09	) / Y	ү ү 2020	Y
City Branchville	State NJ	Zip Code 07890						919416-5	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period					00	
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Claims Operations & A	[	Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]						
Full Name of Individual (Last, First, Middle C. Lanza, Michael, , ,	Initial) or Full C	organization Name		ate of	Red	ceipt			
Mailing Address 40 Wantage Ave						09		2020	Y
City Branchville	State NJ	Zip Code 07890	A					919416-4 iis Period	8
FEC ID number of contributing federal political committee.	C		ļ			, .	, ,	100.0	00
Name of Employer (for Individual) Selective Insurance Company of America	ve Insurance Company of America			Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2100.00							
SUBTOTAL of Receipts This Page (optional)			. [			,	. ,	139.2	23
TOTAL This Period (last page this line numb	er only)					-	-		

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12					
			13     14     15     16     1       erson for the purpose of soliciting contributions					
or for commercial purposes, other than using t	the name and a	address of any political committe	e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Selective Insurance Company	of Americ	a Political Action Com	nittee					
Full Name of Individual (Last, First, Middle Lewis, Carlos, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 3426 Toringdon Way Ste 200			M M / D D / Y Y Y Y 10 09 2020					
City Charlotte	State NC	Zip Code 28277	Transaction ID : 2020100919416-86 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		20.00					
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Reg Claims Operations	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]					
Full Name of Individual (Last, First, Middle <b>B. Macmullin, Michael</b> , , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 40 Wantage Ave	I		10 09 2020					
City	State NJ	Zip Code	Transaction ID : 2020100919416-40					
Branchville	INJ	07890	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	20.00							
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Small Business	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		420,00	]					
Full Name of Individual (Last, First, Middle Mazzarella, Michael, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name							
Mailing Address 40 Wantage Ave			10 / D D / Y Y Y Y 10 09 2020					
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020100919416-33           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Commercial LOB	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 630.00	]					
SUBTOTAL of Receipts This Page (optional).			70.00					
TOTAL This Period (last page this line number	er only)							

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) Selective Insurance Company Full Name of Individual (Last, First, Middle	he name and a of America	a Political Action Com	mittee					
A. McKenna, Robert, , , Mailing Address 40 Wantage Ave	State	Zin Codo	Date of Receipt					
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020100919416-47           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		51.15					
Name of Employer (for Individual) Selective Insurance Company of America Receipt For: Primary General Other (specify) ▼	SVF	upation (for Individual) P, Entrprs Strat & Exec Year-to-Date ▼ 873.45	Memo Item					
Full Name of Individual (Last, First, Middle <b>B. Oosten, Melinda</b> , , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 40 Wantage Ave			10 / Y Y Y Y 2020					
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020100919416-64 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Personal Lines Pricin	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	]					
Full Name of Individual (Last, First, Middle Orecchio, Maria, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 40 Wantage Ave			10 / D D / Y Y Y Y 2020					
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020100919416-72 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.93					
Name of Employer (for Individual) Selective Insurance Company of America Receipt For:	SVP	upation (for Individual) 9, Deputy General Couns	Memo Item					
Primary General Other (specify)		Year-to-Date ▼ 1615.53	]					
SUBTOTAL of Receipts This Page (optional).			153.08					
TOTAL This Period (last page this line number	er only)							

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		Use separate schedule(s)	(check only one)				
II LIVIIZED RECEIFIJ		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17				
Any information copied from such Reports and s or for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
Selective Insurance Company	of Americ	a Political Action Com	nittee				
Full Name of Individual (Last, First, Middle In A. Passman, Steven, , ,	iitial) or Full C	rganization Name	Date of Receipt				
Mailing Address 40 Wantage Ave			M M / D D / Y Y Y Y 10 09 2020				
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020100919416-21 Amount of Each Receipt this Period				
EEC ID number of contributing							
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Selective Insurance Company of America	VP,	Assistant General Cou					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		315.00	1				
			1				
Full Name of Individual (Last, First, Middle In B. Patrickio, Joseph, , ,	iitial) or Full C	rganization Name	Date of Receipt				
Mailing Address 40 Wantage Ave			10 09 2020				
City	State	Zip Code	Transaction ID : 2020100919416-78				
Branchville	NJ	07890	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		19.23				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Infrastructure Eng.	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		403.83	1				
Full Name of Individual (Last, First, Middle In C. Purnell, Thomas, , ,	iitial) or Full C	rganization Name	Date of Receipt				
Mailing Address 40 Wantage Ave							
City	State	Zip Code	Transaction ID : 2020100919416-32				
Branchville	NJ	07890	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) 9, Regional Manager	Memo Item				
Receipt For:		Year-to-Date ▼	-				
Primary General Other (specify)		525.00	1				
SUBTOTAL of Receipts This Page (optional)			59.23				
TOTAL This Period (last page this line number	only)						

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17					
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
Selective Insurance Company	of America	a Political Action Comi	nittee					
Full Name of Individual (Last, First, Middle I A. Sarisky, Brian, , ,	nitial) or Full C	Organization Name	Date of Receipt					
Mailing Address 40 Wantage Ave			M M / D D / Y Y Y Y 10 09 2020					
City	State NJ	Zip Code 07890	Transaction ID : 2020100919416-10					
Branchville	INJ	07890	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) ef UW Officer, CL	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		525.00	1					
			<u> </u>					
B. Senia, Vincent, , ,								
Mailing Address 40 Wantage Ave	10 09 2020							
City	State NJ	Zip Code	Transaction ID : 2020100919416-62					
Branchville	INJ	07890	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	s a la l							
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Chief Actuary	Memo Item					
Receipt For:	Aggregate	Year-to-Date <b>V</b>						
Other (specify) ▼		, 1050.00	]					
Full Name of Individual (Last, First, Middle I C. Willenborg, John, , ,	nitial) or Full C	Prganization Name	Date of Receipt					
Mailing Address 40 Wantage Ave		10 09 2020						
City	State	Zip Code	Transaction ID : 2020100919416-15					
Branchville	NJ	07890	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	s (							
Name of Employer (for Individual)		upation (for Individual)	Memo Item					
Selective Insurance Company of America Receipt For:		Field Operations	_					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 242.34	]					
SUBTOTAL of Receipts This Page (optional)			86.54					
CODICIAL OF NECESPIS THIS Fage (optional)		,	· · · · · · · · · · · · ·					
TOTAL This Period (last page this line numbe	r only)		1172.69					

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S	CHEDULE B (FEC Form 3X)				E NUMBER: PAGE 16 OF 16			
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		aly one) a) 22 <b>X</b> 23 26 27			
	y information copied from such Reports and State for commercial purposes, other than using the na							
	NAME OF COMMITTEE (In Full) Selective Insurance Company of A	America	Political Actio	on Comm	littee			
Α.	Full Name (Last, First, Middle Initial) American Property Casualty Insurance Association (INSURING A	n Federal Only	y Political Action Co	ommittee	Date of Disbursement			
	Mailing Address 8700 W Bryn Mawr Ave Ste 1200S	1						
	City Chicago	State Zip Code IL 60631-3512			FEC Identification Number			
	Purpose of Disbursement 2020 Contribution			011	C C00692806 Transaction ID : 3D82E605337			
	Candidate Name American Property Casualty Insurance Association Federal Only Politica	I Action Committee (INSURING A Type			Amount of Each Disbursement this Period			
	Office Sought: House Disburse Senate President	ement For: 2 Primary Other (spe	General		5000.00			
	State: District:		Contribution		Memo Item			
В.	Full Name (Last, First, Middle Initial) Josh Gottheimer For Congress Mailing Address PO Box 584	Date of Disbursement						
	City	State	Zip Code		FEC Identification Number			
	Ridgewood Purpose of Disbursement 2020 General Candidate Name	C C00573949 Transaction ID : CAF5AA047D						
	Category/ Type         Gottheimer, Joshua, S., ,       Category/ Type         Office Sought:       X       House       Disbursement For: 2020         Senate       Primary       X       General         Other (specify)       Other (specify)				Amount of Each Disbursement this Period 2500.00			
					Memo Item			
с.	Full Name (Last, First, Middle Initial) Team McHenry				Date of Disbursement			
	Mailing Address 228 S Washington St Ste 115							
	City Alexandria Purpose of Disbursement 2020 Contribution	State Zip Code VA 22314			FEC Identification Number C C00544650			
	Candidate Name Team McHenry			011 Category/ Type	Transaction ID : 87A4128F687 Amount of Each Disbursement this Period			
	Office Sought:     House     Disbursement For: 2020       Senate     Primary     General       President     ✓     Other (specify)       State:     District:     Contribution				2500.00 Memo Item			
⊢	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number onl				10000.00			