

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Selective Insurance Company of America Political Action Committee

ADDRESS (number and street) 40 Wantage Ave Check if different than previously reported. (ACC) Branchville NJ 07890

2. FEC IDENTIFICATION NUMBER C C00550889 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/03/2020 in the State of DC

5. Covering Period 10/01/2020 through 10/14/2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Beck, Jeffrey, , , Type or Print Name of Treasurer

Signature of Treasurer Beck, Jeffrey, , , [Electronically Filed] Date 10/16/2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

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="2020"/>		54532.64
(b) Cash on Hand at Beginning of Reporting Period.....	43963.68	
(c) Total Receipts (from Line 19)	1229.57	32160.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	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 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

Selective Insurance Company of America Political Action Committee

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).....	1172.69	25747.76
(ii) Unitemized	56.88	6412.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1229.57	32160.61
(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
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)).....▶	1229.57	32160.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1229.57	32160.61

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.....	10000.00	25500.00
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	2500.00
(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	2500.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	23500.00
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)) ..	10000.00	51500.00
32. 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

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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)	1229.57	32160.61
34. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1229.57	29660.61
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:	PAGE 6 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Selective Insurance Company of America Political Action Committee

A. Acosta, Chalina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, HR Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2020
Transaction ID : 2020100919416-58
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Adams, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Glenlivet Dr Ste 200
 City Allentown State PA Zip Code 18106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Regional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 484.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2020
Transaction ID : 2020100919416-7
 Amount of Each Receipt this Period
 23.08
 Memo Item

C. Albert, Shadi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Ins Strat & Bus Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2020
Transaction ID : 2020100919416-67
 Amount of Each Receipt this Period
 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.31
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 7 OF 16
<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)
Selective Insurance Company of America Political Action Committee

A. Anderson, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Chief UW Officer P/L
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2020
Transaction ID : 2020100919416-52
 Amount of Each Receipt this Period
 38.46
 Memo Item

B. Beal, Jamie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Director of Communica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2020
Transaction ID : 2020100919416-77
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Beck, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Govt & Regulatory Af
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1615.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2020
Transaction ID : 2020100919416-55
 Amount of Each Receipt this Period
 76.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
<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)
Selective Insurance Company of America Political Action Committee

A. Bennett, Cyndi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Compensation & Benefi
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-53
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Bresney, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Information Of
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 634.59

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-36
 Amount of Each Receipt this Period 76.92
 Memo Item

C. Chakravarthi, Sarita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Tax & Asst Treasurer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 484.68

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-54
 Amount of Each Receipt this Period 23.08
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
	<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)
Selective Insurance Company of America Political Action Committee

A. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, C/L Chief Operat Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-22
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Claims Liability
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-88
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Claims LOB
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-70
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	187.69
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 16
<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)
Selective Insurance Company of America Political Action Committee

A. Hollander, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Chief Audit Executiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-74
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Kikkert, Bonnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Claims Operations & A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-5
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Lanza, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-48
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	139.23
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 16
	<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)
Selective Insurance Company of America Political Action Committee

A. Lewis, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Reg Claims Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-86
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Macmullin, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Small Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-40
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Mazzarella, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Commercial LOB
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-33
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 16
<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)
Selective Insurance Company of America Political Action Committee

A. McKenna, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Entrprs Strat & Exec
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 873.45

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-47
 Amount of Each Receipt this Period 51.15
 Memo Item

B. Oosten, Melinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Personal Lines Pricin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-64
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Orecchio, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Deputy General Couns
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1615.53

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-72
 Amount of Each Receipt this Period 76.93
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 153.08
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 16
	<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)
Selective Insurance Company of America Political Action Committee

A. Passman, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Assistant General Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-21
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Patrickio, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Infrastructure Eng.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-78
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Purnell, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Regional Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-32
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.23
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 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Selective Insurance Company of America Political Action Committee

A. Sarisky, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) Chief UW Officer, CL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-10
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Senia, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-62
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Willenborg, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Field Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 09 / 2020
Transaction ID : 2020100919416-15
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	86.54
TOTAL This Period (last page this line number only).....	1172.69

**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)

Selective Insurance Company of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Property Casualty Insurance Association Federal Only Political Action Committee (INSURING A)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2020			

Mailing Address 8700 W Bryn Mawr Ave
Ste 1200S

FEC Identification Number

C C00692806

Transaction ID : 3D82E605337
Amount of Each Disbursement this Period

5000.00

Memo Item

City Chicago State IL Zip Code 60631-3512

Purpose of Disbursement
2020 Contribution

011
Category/
Type

Candidate Name
American Property Casualty Insurance Association Federal Only Political Action Committee (INSURING A)

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

B. Josh Gottheimer For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2020			

Mailing Address PO Box 584

FEC Identification Number

C C00573949

Transaction ID : CAF5AA047D
Amount of Each Disbursement this Period

2500.00

Memo Item

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement
2020 General

011
Category/
Type

Candidate Name
Gottheimer, Joshua, S., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NJ District: 05

Full Name (Last, First, Middle Initial)

C. Team McHenry

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2020			

Mailing Address 228 S Washington St
Ste 115

FEC Identification Number

C C00544650

Transaction ID : 87A4128F68;
Amount of Each Disbursement this Period

2500.00

Memo Item

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2020 Contribution

011
Category/
Type

Candidate Name
Team McHenry

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) **Contribution**

State: District:

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

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

10000.00
10000.00