| Image# 202010169296948075  |   |                                     |   |                                     | PAGE 1 / 16  |
|--|---|-------------------------------------|---|-------------------------------------|--|
| FEC AN   | EPORT OF F<br>ND DISBURS<br>Other Than An Author  | SEMENT                              | S   | Offi                                | ce Use Only  |
| 1. NAME OF TYP<br>COMMITTEE (in full)  | e or print V  | Example: If typi<br>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<br>than previously<br>reported. (ACC)   | I         I |                                     |   |                                     | 7890   |
| 2. FEC IDENTIFICATION NUMB   | ER V CITY   | ▲                                   | S   |                                     | ZIP CODE   |
| C C00550889  | 3. IS<br>RE   | - v                                 | NEW<br>N) <b>OR</b>                       | AMEND<br>(A)                        | DED  |
| (Choose One)<br>(a) Quarterly Reports:   | Report<br>Due On: Mar 2   | 20 (M3)                             | May 20 (M5)<br>Jun 20 (M6)<br>Jul 20 (M7) | Aug 20 (N<br>Sep 20 (N<br>Oct 20 (N | M9) (Non-Election<br>Year Only)<br>(Non-Election<br>Year Only) |
| Quarterly Report (Q1)<br>July 15<br>Quarterly Report (Q2)<br>October 15<br>Quarterly Report (Q3)<br>January 31 | (c) 12-Day<br><b>PRE</b> -Election<br>Report for the:   | Convention                          | 12C)                                      | General (12G)<br>Special (12S)      | in the   |
| Year-End Report (YE)<br>July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY)                            | (d) 30-Day<br>POST-Election<br>Report for the:  | on 11<br>General (300               | 0 <u>3</u><br>3)                          | Runoff (30R)                        | State of DC<br>Special (30S)                                   |
| Termination Report<br>(TER)  | Election  | on /                                |   | Y Y Y Y Y                           | in the<br>State of   |
| 5. Covering Period   |   | through                             | 10 <sup>M</sup>                           | / D D / Y<br>14                     | 2020   |
| I certify that I have examined this R<br>E<br>Type or Print Name of Treasurer                                  | eport and to the best of n<br>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<br>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<br>Use<br>Only  |   |                                     |   | F                                   | EC FORM 3X<br>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<br>10 14 2020        |
|-----|--|-------------------------|-----------------------------------|
|     |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
| 6.  | (a) Cash on Hand<br>January 1, 2020  |                         | 54532.64                          |
|     | (b) Cash on Hand at<br>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<br>Reporting Period<br>(subtract Line 7 from Line 6(d))   | 35193.25                | 35193.25                          |
| 9.  | Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                         | 0.00                    |                                   |
| 10. | Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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<br>Total This Period           | COLUMN B<br>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 |                                   |
| (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<br/>(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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| . Operating Expenditures:<br>(a) Allocated Federal/Non-Federal<br>Activity (from Schedule H4)                   |                               |                                   |
| (i) Federal Share   | 0.00                          | 0.00                              |
| (ii) Non-Federal Share  | 0.00                          | 0.00                              |
| (b) Other Federal Operating<br>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<br>Committees   | 0.00                          | 0.00                              |
| Contributions to<br>Federal Candidates/Committees<br>and Other Political Committees                             | 10000.00                      | 25500.00                          |
| Independent Expenditures<br>(use Schedule E)<br>Coordinated Party Expenditures                                  | 0.00                          | 0.00                              |
| (52 U.S.C. § 30116(d))<br>(use Schedule F)  | 0.00                          | 0.00                              |
| Loan Repayments Made  | 0.00                          | 0.00                              |
| Loans Made<br>Refunds of Contributions To:  | 0.00                          | 0.00                              |
| (a) Individuals/Persons Other<br>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<br>(a) Allocated Federal Election Activity<br>(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<br>(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<br>(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) .....

| L.,   |   |            |    |   |            | 1229.57 |
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|   |   |            |    |   |            | 1229.57 |
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| Ē |   | ÷  | - | ÷        | ÷ | - | 0.00     |
|   |   |    |   |          |   |   | 0.00     |

COLUMN B

Calendar Year-to-Date



FOR LINE NUMBER:

PAGE 6 OF

| ITEMIZED RECEIPTS |   | Use separate schedule(s)<br>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<br>19050 of     | 15<br>soliciting | 16          | 17<br>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<br>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<br>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<br>Ste 200                                |  |        | 10 09 / Y Y Y Y<br>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)<br>Selective Insurance Company of America |  | •      | on (for Individual)<br>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<br>Branchville   | State<br>NJ  |        | Zip Code<br>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<br>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   | -                  |                  |             |            |  |

FOR LINE NUMBER:

PAGE 7 OF

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

FOR LINE NUMBER:

PAGE

8 OF

|   |   |  | (che   | (check only one)  |                 |     |                                       |            |                         |       |
|---|---|--|--|---|-----------------|-----|---------------------------------------|------------|-------------------------|-------|
|   | EMIZED RECEIPTS   |  | for each category of the<br>Detailed Summary Page        | ×   | 11a<br>13       |     | 11b<br>14                             | 11c        | 12                      | 17    |
|   | y information copied from such Reports and Sta<br>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<br>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<br>2020             | Y     |
|   | City<br>Branchville   | State<br>NJ  | Zip Code<br>07890  |   |                 |     |                                       |            | 919416-5<br>his Period  | 3     |
|   | FEC ID number of contributing federal political committee.  | С  |  |   |                 |     | <b>,</b>                              |            | 20.                     | 00    |
|   | Name of Employer (for Individual)<br>Selective Insurance Company of America                       |  | upation (for Individual)<br>Compensation & Benefi        |   | Me              | emo | Item                                  |            |                         |       |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Year-to-Date ▼<br>420.00                                 |   |                 |     |                                       |            |                         |       |
| B.  | Full Name of Individual (Last, First, Middle Initia<br>Bresney, John, , ,                         | al) or Full O  | Organization Name  |   | Date of         | Re  | ceipt                                 |            |                         |       |
|   | Mailing Address 40 Wantage Ave  |  |  | 10 / Y Y Y Y<br>2020  |                 |     |                                       |            |                         |       |
|   | City<br>Branchville   | State<br>NJ  |  | Transaction ID : 2020100919416-36<br>Amount of Each Receipt this Period |                 |     |                                       |            |                         |       |
|   | FEC ID number of contributing federal political committee.  | С  |  | 76.92   |                 |     |                                       |            |                         |       |
|   | Name of Employer (for Individual)<br>Selective Insurance Company of America                       | Occupation (for Individual)<br>EVP, Chief Information Of |  |   | Me              | emo | Item                                  |            |                         |       |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Year-to-Date ▼<br>634.59                                 |   |                 |     |                                       |            |                         |       |
| С.  | Full Name of Individual (Last, First, Middle Initia<br>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<br>2020             | Y     |
|   | City<br>Branchville   | State<br>NJ  | Zip Code<br>07890  |   |                 |     |                                       |            | 0919416-5<br>nis Period | 4     |
| FEC ID number of contributing<br>federal political committee. |   |  |  |   |                 |     | , .                                   | . ,        | 23.                     | 08    |
|   |   |  | Occupation (for Individual)<br>SVP, Tax & Asst Treasurer |   |                 |     | Item                                  |            |                         |       |
|   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate  | Year-to-Date ▼<br>484.68                                 |   |                 |     |                                       |            |                         |       |
| s   | UBTOTAL of Receipts This Page (optional)  |  | •••••  |   |                 |     | ,                                     | . ,        | 120.                    | 00    |
| т   | OTAL This Period (last page this line number or   | וy)  | •••••  |   |                 |     | ,                                     |            |                         |       |

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| 111            | EMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page |                                    | 11a 13              |      | 11b       | 11c<br>15  | 12                     | 17    |  |
|                | y information copied from such Reports and Sta<br>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<br><b>T</b> rong |      | 09        | 000100     | 2020                   |       |  |
|                | North Chesterfield  | VA  | 23225   |                                    |                     |      |           |            | 919416-6<br>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<br>CT   | Zip Code<br>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)<br>Selective Insurance Company of America                     | Occupation (for Individual)<br>Chief Investment Officer |   |                                    | Me                  | emo  | Item      |            |                        |       |  |
|                | Receipt For:  | Aggregate   | Year-to-Date 🔻                                    |                                    |                     |      |           |            |                        |       |  |
|                | Primary General<br>Other (specify) ▼  |   | 403.83  |                                    |                     |      |           |            |                        |       |  |
| —<br>c.        | Full Name of Individual (Last, First, Middle Initia<br>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                 |       |  |

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| ITEMIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page   | <b>X</b> 11a 11b 11c 12   |  |  |  |  |
| Any information copied from such Reports and<br>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<br>Ste 200  |   |   | M M / D D / Y Y Y Y<br>10 09 2020   |  |  |  |  |
| City   | State<br>NC   | Zip Code<br>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)<br>Selective Insurance Company of America                  |   | upation (for Individual)<br>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<br>Ste 200  |   |   | 10 09 2020  |  |  |  |  |
| City   | State<br>NC   | Zip Code  | Transaction ID : 2020100919416-88   |  |  |  |  |
|  | INC.  | 28277   | Amount of Each Receipt this Period  |  |  |  |  |
| federal political committee.   | EC ID number of contributing<br>ederal political committee. |   |   |  |  |  |  |
| Name of Employer (for Individual)<br>Selective Insurance Company of America                  |   | upation (for Individual)<br>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<br>Ste 200  |   |   | M M / D D / Y Y Y Y<br>10 09 2020   |  |  |  |  |
| City<br>Charlotte  | State<br>NC   | Zip Code<br>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)<br>Selective Insurance Company of America                  |   | upation (for Individual)<br>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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| ITEMIZED RECEIPTS   |                                 | for each category of the<br>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)<br>Selective Insurance Company                  | / of Americ                     | a Political Action Com                              | nittee                             | ;         |       |           |           |                        |     |
| Full Name of Individual (Last, First, Middle<br>Hollander, Martin, , ,      | Initial) or Full C              | tial) or Full Organization Name                     |                                    |           |       | ceipt     |           |                        |     |
| Mailing Address 40 Wantage Ave  |                                 |   |                                    | м м<br>10 | /     | 09        | ) / Y     | y y<br>2020            | Y   |
| City<br>Branchville   | State<br>NJ                     | Zip Code<br>07890                                   |                                    |           |       |           |           | 919416-7<br>iis Period | 4   |
| FEC ID number of contributing federal political committee.                  | С                               |   |                                    | _         |       | 7         |           | 19.3                   | 23  |
| Name of Employer (for Individual)<br>Selective Insurance Company of America |                                 | upation (for Individual)<br>P, Chief Audit Executiv |                                    | Me        | emo   | Item      |           |                        |     |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate                       | Year-to-Date ▼<br>403.83                            | 1                                  |           |       |           |           |                        |     |
| Full Name of Individual (Last, First, Middle<br>B. Kikkert, Bonnie, , ,     | Initial) or Full C              | organization Name                                   | D                                  | ate of    | Ree   | ceipt     |           |                        |     |
| Mailing Address 40 Wantage Ave  |                                 |   |                                    |           | /     | D D<br>09 | ) / Y     | ү ү<br>2020            | Y   |
| City<br>Branchville   | State<br>NJ                     | Zip Code<br>07890                                   |                                    |           |       |           |           | 919416-5               |     |
| FEC ID number of contributing federal political committee.                  | C                               |   | Amount of Each Receipt this Period |           |       |           |           | 00                     |     |
| Name of Employer (for Individual)<br>Selective Insurance Company of America |                                 | upation (for Individual)<br>Claims Operations & A   | [                                  | Me        | emo   | Item      |           |                        |     |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate                       | Year-to-Date ▼<br>420.00                            | ]                                  |           |       |           |           |                        |     |
| Full Name of Individual (Last, First, Middle<br>C. Lanza, Michael, , ,      | Initial) or Full C              | organization Name                                   |                                    | ate of    | Red   | ceipt     |           |                        |     |
| Mailing Address 40 Wantage Ave  |                                 |   |                                    |           |       | 09        |           | 2020                   | Y   |
| City<br>Branchville   | State<br>NJ                     | Zip Code<br>07890                                   | A                                  |           |       |           |           | 919416-4<br>iis Period | 8   |
| FEC ID number of contributing federal political committee.                  | C                               |   | ļ                                  |           |       | , .       | , ,       | 100.0                  | 00  |
| Name of Employer (for Individual)<br>Selective Insurance Company of America | ve Insurance Company of America |   |                                    | Memo Item |       |           |           |                        |     |
| Receipt For:<br>Primary General<br>Other (specify)                          | Aggregate                       | Year-to-Date ▼<br>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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| ITEMIZED RECEIPTS   |   | for each category of the<br>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)<br>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<br>Ste 200                                   |   |   | M M / D D / Y Y Y Y<br>10 09 2020   |  |  |  |  |  |
| City<br>Charlotte   | State<br>NC   | Zip Code<br>28277                                 | Transaction ID : 2020100919416-86<br>Amount of Each Receipt this Period               |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                      | C   |   | 20.00   |  |  |  |  |  |
| Name of Employer (for Individual)<br>Selective Insurance Company of America     |   | upation (for Individual)<br>Reg Claims Operations | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate   | Year-to-Date ▼<br>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<br>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)<br>Selective Insurance Company of America     |   | upation (for Individual)<br>Small Business        | Memo Item   |  |  |  |  |  |
| Receipt For:  | Aggregate   | Year-to-Date ▼                                    |   |  |  |  |  |  |
| Other (specify) ▼   |   | 420,00  | ]   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>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<br>10 09 2020  |  |  |  |  |  |
| City<br>Branchville   | State<br>NJ   | Zip Code<br>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)<br>Selective Insurance Company of America     |   | upation (for Individual)<br>Commercial LOB        | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                              | Aggregate   | Year-to-Date ▼<br>630.00                          | ]   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).                                      |   |   | 70.00   |  |  |  |  |  |
| TOTAL This Period (last page this line number                                   | er only)  |   |   |  |  |  |  |  |

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

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| II LIVIIZED RECEIFIJ   |                   | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |
| Any information copied from such Reports and s<br>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<br>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<br>10 09 2020   |  |  |  |  |
| City<br>Branchville  | State<br>NJ       | Zip Code<br>07890                                 | Transaction ID : 2020100919416-21<br>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<br>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)<br>Selective Insurance Company of America                        |                   | upation (for Individual)<br>Infrastructure Eng.   | Memo Item   |  |  |  |  |
| Receipt For:   | Aggregate         | Year-to-Date ▼                                    |   |  |  |  |  |
| Primary General<br>Other (specify) ▼   |                   | 403.83  | 1   |  |  |  |  |
| Full Name of Individual (Last, First, Middle In<br>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)<br>Selective Insurance Company of America                        |                   | upation (for Individual)<br>9, Regional Manager   | Memo Item   |  |  |  |  |
| Receipt For:   |                   | Year-to-Date ▼                                    | -   |  |  |  |  |
| Primary General<br>Other (specify)   |                   | 525.00  | 1   |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                   |   | 59.23   |  |  |  |  |
| TOTAL This Period (last page this line number  | only)             |   |   |  |  |  |  |

FOR LINE NUMBER:

PAGE 15 OF

|  |   | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |
|--|---|---|---|--|--|--|--|--|
|  |   | for each category of the<br>Detailed Summary Page | ✗ 11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |
| Any information copied from such Reports and<br>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<br>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<br>10 09 2020   |  |  |  |  |  |
| City   | State<br>NJ                               | Zip Code<br>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)<br>Selective Insurance Company of America                      |   | upation (for Individual)<br>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<br>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)<br>Selective Insurance Company of America                      |   | upation (for Individual)<br>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<br>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<br>Receipt For:   |   | Field Operations                                  | _   |  |  |  |  |  |
| Primary General<br>Other (specify)   | Aggregate                                 | Year-to-Date ▼<br>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   |  |  |  |  |  |

Image# 202010169296948090

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