

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 CITY STATE ZIP CODE C C00550889 3. IS THIS REPORT NEW OR AMENDED (N) (A) [X] (N) (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on [MM/DD/YYYY] in the State of [] (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on [MM/DD/YYYY] in the State of []

5. Covering Period 01 / 01 / 2023 through 06 / 30 / 2023

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 07 / 31 / 2023

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)

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="2023"/> | | 39302.49 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 39302.49 | |
| (c) Total Receipts (from Line 19) | 26605.17 | 26605.17 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 65907.66 | 65907.66 |
| 7. Total Disbursements (from Line 31)..... | 25000.00 | 25000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 40907.66 | 40907.66 |
| 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: 01 / 01 / 2023 To: 06 / 30 / 2023

| 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)..... | 20296.91 | 20296.91 |
| (ii) Unitemized | 6308.26 | 6308.26 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 26605.17 | 26605.17 |
| (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) | 26605.17 | 26605.17 |
| 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)).....▶ | 26605.17 | 26605.17 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 26605.17 | 26605.17 |

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..... | 14500.00 | 14500.00 |
| 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 | 0.00 |
| (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 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 10500.00 | 10500.00 |
| 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)) .. | 25000.00 | 25000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 25000.00 | 25000.00 |

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) | 26605.17 | 26605.17 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 26605.17 | 26605.17 |
| 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: (check only one) | PAGE 6 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. 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 ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2023
Transaction ID : 2023021019418-5
 Amount of Each Receipt this Period
 75.00
 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 ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2023
Transaction ID : 2023022419417-5
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. 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 ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2023
Transaction ID : 2023031019418-5
 Amount of Each Receipt this Period
 75.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 225.00 |
| 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 7 OF 78 |
| | <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. 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 ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2023
Transaction ID : 2023032419456-5
 Amount of Each Receipt this Period
 75.00
 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 ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2023
Transaction ID : 2023040719456-5
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. 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 ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2023
Transaction ID : 2023042119458-5
 Amount of Each Receipt this Period
 75.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 225.00 |
| 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 8 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
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A. 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 ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2023
Transaction ID : 2023050519458-5
 Amount of Each Receipt this Period
 75.00
 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 ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2023
Transaction ID : 2023051919456-5
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. 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 ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2023
Transaction ID : 2023060219456-5
 Amount of Each Receipt this Period
 75.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 225.00 |
| 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 9 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. 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 ▼ 975.00

Date of Receipt
 06 / 16 / 2023
Transaction ID : 2023061619457-5
 Amount of Each Receipt this Period 75.00
 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 ▼ 975.00

Date of Receipt
 06 / 30 / 2023
Transaction ID : 2023063019417-5
 Amount of Each Receipt this Period 75.00
 Memo Item

C. 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 ▼ 499.98

Date of Receipt
 03 / 24 / 2023
Transaction ID : 2023032419456-47
 Amount of Each Receipt this Period 38.46
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 188.46 |
| 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 78 |
| <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 ▼ 499.98

Date of Receipt **04 / 07 / 2023**
Transaction ID : 2023040719456-47
 Amount of Each Receipt this Period 38.46
 Memo Item

B. 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 ▼ 499.98

Date of Receipt **04 / 21 / 2023**
Transaction ID : 2023042119458-47
 Amount of Each Receipt this Period 38.46
 Memo Item

C. 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 ▼ 499.98

Date of Receipt **05 / 05 / 2023**
Transaction ID : 2023050519458-49
 Amount of Each Receipt this Period 38.46
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 115.38 |
| 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 11 OF 78 |
| | <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. 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 ▼ 499.98

Date of Receipt **05 / 19 / 2023**
Transaction ID : 2023051919456-49
 Amount of Each Receipt this Period 38.46
 Memo Item

B. 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 ▼ 499.98

Date of Receipt **06 / 02 / 2023**
Transaction ID : 2023060219456-49
 Amount of Each Receipt this Period 38.46
 Memo Item

C. 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 ▼ 499.98

Date of Receipt **06 / 16 / 2023**
Transaction ID : 2023061619457-49
 Amount of Each Receipt this Period 38.46
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 115.38 |
| 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 12 OF 78 |
| <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 ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : 2023063019417-49
 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 ▼ 260.00

Date of Receipt **06 / 02 / 2023**
Transaction ID : 2023060219456-74
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 260.00

Date of Receipt **06 / 16 / 2023**
Transaction ID : 2023061619457-74
 Amount of Each Receipt this Period 20.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 78.46 |
| 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 78 |
| <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

| | | | | |
|---|-------------|--|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Beal, Jamie, , , | | | Date of Receipt MM / DD / YYYY 06 / 30 / 2023 Transaction ID : 2023063019417-75 | |
| Mailing Address 40 Wantage Ave | | | Amount of Each Receipt this Period 20.00 | |
| City Branchville | State NJ | Zip Code 07890 | <input type="checkbox"/> Memo Item | |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 260.00 | | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beck, Jeffrey, , , | | | Date of Receipt MM / DD / YYYY 02 / 10 / 2023 Transaction ID : 2023021019418-50 | |
| Mailing Address 40 Wantage Ave | | | Amount of Each Receipt this Period 76.92 | |
| City Branchville | State NJ | Zip Code 07890 | <input type="checkbox"/> Memo Item | |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 999.96 | | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Beck, Jeffrey, , , | | | Date of Receipt MM / DD / YYYY 02 / 24 / 2023 Transaction ID : 2023022419417-50 | |
| Mailing Address 40 Wantage Ave | | | Amount of Each Receipt this Period 76.92 | |
| City Branchville | State NJ | Zip Code 07890 | <input type="checkbox"/> Memo Item | |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 999.96 | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 173.84 |
| 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 78 |
| | <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 | |

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. 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 ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2023
Transaction ID : 2023031019418-50
 Amount of Each Receipt this Period
 76.92
 Memo Item

B. 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 ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2023
Transaction ID : 2023032419456-50
 Amount of Each Receipt this Period
 76.92
 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 ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2023
Transaction ID : 2023040719456-50
 Amount of Each Receipt this Period
 76.92
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 230.76 |
| 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 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. 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 ▼ 999.96

Date of Receipt **04 / 21 / 2023**
Transaction ID : 2023042119458-50
 Amount of Each Receipt this Period 76.92
 Memo Item

B. 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 ▼ 999.96

Date of Receipt **05 / 05 / 2023**
Transaction ID : 2023050519458-52
 Amount of Each Receipt this Period 76.92
 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 ▼ 999.96

Date of Receipt **05 / 19 / 2023**
Transaction ID : 2023051919456-52
 Amount of Each Receipt this Period 76.92
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 230.76 |
| 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 16 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. 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 ▼ 999.96

Date of Receipt
 06 / 02 / 2023
Transaction ID : 2023060219456-52
 Amount of Each Receipt this Period 76.92
 Memo Item

B. 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 ▼ 999.96

Date of Receipt
 06 / 16 / 2023
Transaction ID : 2023061619457-52
 Amount of Each Receipt this Period 76.92
 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 ▼ 999.96

Date of Receipt
 06 / 30 / 2023
Transaction ID : 2023063019417-53
 Amount of Each Receipt this Period 76.92
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 230.76 |
| 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 17 OF 78 |
| | <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. Bennett, Lucinda, , ,
 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 HR Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 02 / 2023
Transaction ID : 2023060219456-50
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Bennett, Lucinda, , ,
 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 HR Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 16 / 2023
Transaction ID : 2023061619457-50
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Bennett, Lucinda, , ,
 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 HR Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 30 / 2023
Transaction ID : 2023063019417-50
 Amount of Each Receipt this Period 20.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 60.00 |
| 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 18 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. 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 ▼ 1058.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2023
Transaction ID : 2023021019418-30
 Amount of Each Receipt this Period
 80.77
 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 ▼ 1058.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2023
Transaction ID : 2023022419417-30
 Amount of Each Receipt this Period
 80.77
 Memo Item

C. 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 ▼ 1058.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2023
Transaction ID : 2023031019418-30
 Amount of Each Receipt this Period
 81.73
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 243.27 |
| 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 19 OF 78 |
| | <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. 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 ▼ 1058.65

Date of Receipt **03 / 24 / 2023**
Transaction ID : 2023032419456-30
 Amount of Each Receipt this Period 81.73
 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 ▼ 1058.65

Date of Receipt **04 / 07 / 2023**
Transaction ID : 2023040719456-30
 Amount of Each Receipt this Period 81.73
 Memo Item

C. 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 ▼ 1058.65

Date of Receipt **04 / 21 / 2023**
Transaction ID : 2023042119458-30
 Amount of Each Receipt this Period 81.73
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 245.19 |
| 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 20 OF 78 |
| | <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. 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 ▼ 1058.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2023
Transaction ID : 2023050519458-31
 Amount of Each Receipt this Period
 81.73
 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 ▼ 1058.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2023
Transaction ID : 2023051919456-31
 Amount of Each Receipt this Period
 81.73
 Memo Item

C. 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 ▼ 1058.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2023
Transaction ID : 2023060219456-31
 Amount of Each Receipt this Period
 81.73
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 245.19 |
| 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 21 OF 78 |
| | <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. 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 ▼ 1058.65

Date of Receipt
 06 / 16 / 2023
Transaction ID : 2023061619457-31
 Amount of Each Receipt this Period 81.73
 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 ▼ 1058.65

Date of Receipt
 06 / 30 / 2023
Transaction ID : 2023063019417-31
 Amount of Each Receipt this Period 81.73
 Memo Item

C. Chakravarthi, Sarita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Winding Brook Dr
 City Glastonbury State CT Zip Code 06033
 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 ▼ 300.04

Date of Receipt
 05 / 05 / 2023
Transaction ID : 2023050519458-51
 Amount of Each Receipt this Period 23.08
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 186.54 |
| 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: | PAGE 22 OF 78 |
| | (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. Chakravarthi, Sarita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Winding Brook Dr
 City Glastonbury State CT Zip Code 06033
 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 ▼ 300.04

Date of Receipt **05 / 19 / 2023**
Transaction ID : 2023051919456-51
 Amount of Each Receipt this Period 23.08
 Memo Item

B. Chakravarthi, Sarita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Winding Brook Dr
 City Glastonbury State CT Zip Code 06033
 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 ▼ 300.04

Date of Receipt **06 / 02 / 2023**
Transaction ID : 2023060219456-51
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Chakravarthi, Sarita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Winding Brook Dr
 City Glastonbury State CT Zip Code 06033
 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 ▼ 300.04

Date of Receipt **06 / 16 / 2023**
Transaction ID : 2023061619457-51
 Amount of Each Receipt this Period 23.08
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 69.24 |
| 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 23 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. Chakravarthi, Sarita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Winding Brook Dr
 City Glastonbury State CT Zip Code 06033
 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 ▼ 300.04

Date of Receipt 06 / 30 / 2023
Transaction ID : 2023063019417-52
 Amount of Each Receipt this Period 23.08
 Memo Item

B. Doherty, Robert, Kelly, ,
 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) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 30 / 2023
Transaction ID : E9B56A54BCC748C9BB5F
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Eppers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Waterside Dr Ste 306
 City Farmington State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Investment Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 02 / 2023
Transaction ID : 2023060219456-72
 Amount of Each Receipt this Period 19.23
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2542.31 |
| 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 24 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. Eppers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Waterside Dr
 Ste 306
 City Farmington State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Investment Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2023
Transaction ID : 2023061619457-72
 Amount of Each Receipt this Period
 19.23
 Memo Item

B. Eppers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Waterside Dr
 Ste 306
 City Farmington State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Investment Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : 2023063019417-73
 Amount of Each Receipt this Period
 19.23
 Memo Item

C. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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, COO Standard Lines
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2023
Transaction ID : 2023021019418-17
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 138.46 |
| 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 25 OF 78 |
| | <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 6210 Ardrey Kell Rd
 Ste 500
 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, COO Standard Lines
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1300.00

Date of Receipt **02 / 24 / 2023**
Transaction ID : 2023022419417-17
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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, COO Standard Lines
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1300.00

Date of Receipt **03 / 10 / 2023**
Transaction ID : 2023031019418-17
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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, COO Standard Lines
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1300.00

Date of Receipt **03 / 24 / 2023**
Transaction ID : 2023032419456-17
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 300.00 |
| 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 26 OF 78 |
| | <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

| | | | |
|---|-------------------------------------|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hall, Brenda, , , | | | Date of Receipt MM / DD / YYYY 04 / 07 / 2023 Transaction ID : 2023040719456-17 |
| Mailing Address 6210 Ardrey Kell Rd Ste 500 | | | Amount of Each Receipt this Period 100.00 |
| City Charlotte | State NC | Zip Code 28277 | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Selective Insurance Company of America | | Occupation (for Individual) EVP, COO Standard Lines | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | | |

| | | | |
|---|-------------------------------------|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hall, Brenda, , , | | | Date of Receipt MM / DD / YYYY 04 / 21 / 2023 Transaction ID : 2023042119458-17 |
| Mailing Address 6210 Ardrey Kell Rd Ste 500 | | | Amount of Each Receipt this Period 100.00 |
| City Charlotte | State NC | Zip Code 28277 | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Selective Insurance Company of America | | Occupation (for Individual) EVP, COO Standard Lines | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | | |

| | | | |
|---|-------------------------------------|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hall, Brenda, , , | | | Date of Receipt MM / DD / YYYY 05 / 05 / 2023 Transaction ID : 2023050519458-17 |
| Mailing Address 6210 Ardrey Kell Rd Ste 500 | | | Amount of Each Receipt this Period 100.00 |
| City Charlotte | State NC | Zip Code 28277 | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Selective Insurance Company of America | | Occupation (for Individual) EVP, COO Standard Lines | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 1300.00 | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 300.00 |
| 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 27 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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, COO Standard Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **05 / 19 / 2023**
Transaction ID : 2023051919456-17
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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, COO Standard Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **06 / 02 / 2023**
Transaction ID : 2023060219456-17
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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, COO Standard Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **06 / 16 / 2023**
Transaction ID : 2023061619457-17
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 300.00 |
| 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 28 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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, COO Standard Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : 2023063019417-17
 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 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 749.97

Date of Receipt **02 / 24 / 2023**
Transaction ID : 2023022419417-81
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 749.97

Date of Receipt **03 / 10 / 2023**
Transaction ID : 2023031019418-81
 Amount of Each Receipt this Period 57.69
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 215.38 |
| 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 29 OF 78 |
| | <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. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 749.97

Date of Receipt **03 / 24 / 2023**
Transaction ID : 2023032419456-81
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 749.97

Date of Receipt **04 / 07 / 2023**
Transaction ID : 2023040719456-81
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 749.97

Date of Receipt **04 / 21 / 2023**
Transaction ID : 2023042119458-81
 Amount of Each Receipt this Period 57.69
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 173.07 |
| 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 30 OF 78 |
| | <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 | |

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. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2023
Transaction ID : 2023050519458-83
 Amount of Each Receipt this Period
 57.69
 Memo Item

B. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2023
Transaction ID : 2023051919456-83
 Amount of Each Receipt this Period
 57.69
 Memo Item

C. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2023
Transaction ID : 2023060219456-83
 Amount of Each Receipt this Period
 57.69
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 173.07 |
| 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 31 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 749.97

Date of Receipt
 06 / 16 / 2023
Transaction ID : 2023061619457-83
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 749.97

Date of Receipt
 06 / 30 / 2023
Transaction ID : 2023063019417-84
 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 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 390.00

Date of Receipt
 04 / 07 / 2023
Transaction ID : 2023040719456-63
 Amount of Each Receipt this Period 30.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 145.38 |
| 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 32 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2023
Transaction ID : 2023042119458-63
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2023
Transaction ID : 2023050519458-66
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2023
Transaction ID : 2023051919456-66
 Amount of Each Receipt this Period
 30.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 90.00 |
| 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 33 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2023
Transaction ID : 2023060219456-66
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2023
Transaction ID : 2023061619457-66
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : 2023063019417-67
 Amount of Each Receipt this Period
 30.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 90.00 |
| 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: | PAGE 34 OF 78 |
| | (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. 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 ▼ 249.99

Date of Receipt
 06 / 02 / 2023
Transaction ID : 2023060219456-71
 Amount of Each Receipt this Period 19.23
 Memo Item

B. 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 ▼ 249.99

Date of Receipt
 06 / 16 / 2023
Transaction ID : 2023061619457-71
 Amount of Each Receipt this Period 19.23
 Memo Item

C. 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 ▼ 249.99

Date of Receipt
 06 / 30 / 2023
Transaction ID : 2023063019417-72
 Amount of Each Receipt this Period 19.23
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 57.69 |
| 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 35 OF 78 |
| | <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 | |

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. Kamrowski, 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) EVP, MUSIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 23 / 2023**
Transaction ID : 8FEA7CA02A7843AA812F
 Amount of Each Receipt this Period 1000.00
 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 ▼ 260.00

Date of Receipt **06 / 02 / 2023**
Transaction ID : 2023060219456-3
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 260.00

Date of Receipt **06 / 16 / 2023**
Transaction ID : 2023061619457-3
 Amount of Each Receipt this Period 20.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1040.00 |
| 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 36 OF 78 |
| <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

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kikkert, Bonnie, , , | | Date of Receipt |
| Mailing Address 40 Wantage Ave | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2023"/> |
| City Branchville | State NJ | Zip Code 07890 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 2023063019417-3 |
| Name of Employer (for Individual) Selective Insurance Company of America | | Amount of Each Receipt this Period <input type="text" value="20.00"/> |
| Occupation (for Individual) VP, Claims Operations & A | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="260.00"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lanza, Michael, , , | | Date of Receipt |
| Mailing Address 40 Wantage Ave | | <input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2023"/> |
| City Branchville | State NJ | Zip Code 07890 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 2023021019418-43 |
| Name of Employer (for Individual) Selective Insurance Company of America | | Amount of Each Receipt this Period <input type="text" value="100.00"/> |
| Occupation (for Individual) EVP, General Counsel | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1300.00"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lanza, Michael, , , | | Date of Receipt |
| Mailing Address 40 Wantage Ave | | <input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2023"/> |
| City Branchville | State NJ | Zip Code 07890 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 2023022419417-43 |
| Name of Employer (for Individual) Selective Insurance Company of America | | Amount of Each Receipt this Period <input type="text" value="100.00"/> |
| Occupation (for Individual) EVP, General Counsel | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="1300.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="220.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 78
(x) 11a 11b 11c 12
13 14 15 16 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. Lanza, Michael, , ,
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 1300.00

Date of Receipt 03 / 10 / 2023
Transaction ID : 2023031019418-43
Amount of Each Receipt this Period 100.00
Memo Item

B. Lanza, Michael, , ,
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 1300.00

Date of Receipt 03 / 24 / 2023
Transaction ID : 2023032419456-43
Amount of Each Receipt this Period 100.00
Memo Item

C. Lanza, Michael, , ,
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 1300.00

Date of Receipt 04 / 07 / 2023
Transaction ID : 2023040719456-43
Amount of Each Receipt this Period 100.00
Memo Item

SUBTOTAL of Receipts This Page (optional) 300.00
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: PAGE 38 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 1300.00

Date of Receipt 04 / 21 / 2023
Transaction ID : 2023042119458-43
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 1300.00

Date of Receipt 05 / 05 / 2023
Transaction ID : 2023050519458-45
 Amount of Each Receipt this Period 100.00
 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 ▼ 1300.00

Date of Receipt 05 / 19 / 2023
Transaction ID : 2023051919456-45
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 39 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. 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 ▼ 1300.00

Date of Receipt
 06 / 02 / 2023
Transaction ID : 2023060219456-45
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. 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 ▼ 1300.00

Date of Receipt
 06 / 16 / 2023
Transaction ID : 2023061619457-45
 Amount of Each Receipt this Period
 100.00
 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 ▼ 1300.00

Date of Receipt
 06 / 30 / 2023
Transaction ID : 2023063019417-45
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 300.00 |
| 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 40 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. Lewis, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 260.00

Date of Receipt 06 / 02 / 2023
Transaction ID : 2023060219456-81
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Lewis, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 260.00

Date of Receipt 06 / 16 / 2023
Transaction ID : 2023061619457-81
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Lewis, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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 ▼ 260.00

Date of Receipt 06 / 30 / 2023
Transaction ID : 2023063019417-82
 Amount of Each Receipt this Period 20.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 60.00 |
| 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: PAGE 41 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. 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, Commercial Product
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 02 / 2023
Transaction ID : 2023060219456-34
 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, Commercial Product
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 16 / 2023
Transaction ID : 2023061619457-34
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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, Commercial Product
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2023
Transaction ID : 2023063019417-34
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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 42 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. 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 ▼ 390.00

Date of Receipt **04 / 07 / 2023**
Transaction ID : 2023040719456-27
 Amount of Each Receipt this Period 30.00
 Memo Item

B. 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 ▼ 390.00

Date of Receipt **04 / 21 / 2023**
Transaction ID : 2023042119458-27
 Amount of Each Receipt this Period 30.00
 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 ▼ 390.00

Date of Receipt **05 / 05 / 2023**
Transaction ID : 2023050519458-28
 Amount of Each Receipt this Period 30.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 90.00 |
| 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: PAGE 43 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. 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 ▼ 390.00

Date of Receipt **05 / 19 / 2023**
Transaction ID : 2023051919456-28
 Amount of Each Receipt this Period 30.00
 Memo Item

B. 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 ▼ 390.00

Date of Receipt **06 / 02 / 2023**
Transaction ID : 2023060219456-28
 Amount of Each Receipt this Period 30.00
 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 ▼ 390.00

Date of Receipt **06 / 16 / 2023**
Transaction ID : 2023061619457-28
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
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: PAGE 44 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. 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 ▼ 390.00

Date of Receipt 06 / 30 / 2023
Transaction ID : 2023063019417-28
 Amount of Each Receipt this Period 30.00
 Memo Item

B. McCarthy, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SIGI Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 12 / 2023
Transaction ID : E3C56DD835BB4AB791D2
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. 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 ▼ 700.39

Date of Receipt 02 / 24 / 2023
Transaction ID : 2023022419417-42
 Amount of Each Receipt this Period 53.08
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1583.08 |
| 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: PAGE 45 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. 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 ▼ 700.39

Date of Receipt 03 / 10 / 2023
Transaction ID : 2023031019418-42
 Amount of Each Receipt this Period 54.23
 Memo Item

B. 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 ▼ 700.39

Date of Receipt 03 / 24 / 2023
Transaction ID : 2023032419456-42
 Amount of Each Receipt this Period 54.23
 Memo Item

C. 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 ▼ 700.39

Date of Receipt 04 / 07 / 2023
Transaction ID : 2023040719456-42
 Amount of Each Receipt this Period 54.23
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 162.69
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 46 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. 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 ▼ 700.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2023
Transaction ID : 2023042119458-42
 Amount of Each Receipt this Period
 54.23
 Memo Item

B. 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 ▼ 700.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2023
Transaction ID : 2023050519458-44
 Amount of Each Receipt this Period
 54.23
 Memo Item

C. 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 ▼ 700.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2023
Transaction ID : 2023051919456-44
 Amount of Each Receipt this Period
 54.23
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 162.69 |
| 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: PAGE 47 OF 78 (check only one) |
| | <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

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McKenna, Robert, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2023 Transaction ID : 2023060219456-44 | | |
| Mailing Address 40 Wantage Ave | | | Amount of Each Receipt this Period 54.23 | | |
| City Branchville | State NJ | Zip Code 07890 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 700.39 | | |
| Name of Employer (for Individual) Selective Insurance Company of America | | Occupation (for Individual) SVP, Entrprs Strat & Exec | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McKenna, Robert, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2023 Transaction ID : 2023061619457-44 | | |
| Mailing Address 40 Wantage Ave | | | Amount of Each Receipt this Period 54.23 | | |
| City Branchville | State NJ | Zip Code 07890 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 700.39 | | |
| Name of Employer (for Individual) Selective Insurance Company of America | | Occupation (for Individual) SVP, Entrprs Strat & Exec | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McKenna, Robert, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2023 Transaction ID : 2023063019417-44 | | |
| Mailing Address 40 Wantage Ave | | | Amount of Each Receipt this Period 54.23 | | |
| City Branchville | State NJ | Zip Code 07890 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 700.39 | | |
| Name of Employer (for Individual) Selective Insurance Company of America | | Occupation (for Individual) SVP, Entrprs Strat & Exec | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 162.69 |
| 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: PAGE 48 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mull, Rohit, , ,
 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 Mktg & Inn Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 19 / 2023**
Transaction ID : 2023051919456-75
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Mull, Rohit, , ,
 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 Mktg & Inn Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 02 / 2023**
Transaction ID : 2023060219456-75
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Mull, Rohit, , ,
 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 Mktg & Inn Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 16 / 2023**
Transaction ID : 2023061619457-75
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 49 OF 78 |
| <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. Mull, Rohit, , ,
 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 Mktg & Inn Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2023
Transaction ID : 2023063019417-76
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Nicholson, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SIGI Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 06 / 12 / 2023
Transaction ID : 060F7350E2DF4F148598
 Amount of Each Receipt this Period 1700.00
 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 ▼ 1000.09

Date of Receipt 02 / 10 / 2023
Transaction ID : 2023021019418-65
 Amount of Each Receipt this Period 76.93
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1976.93 |
| 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 50 OF 78 |
| | <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. 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 ▼ 1000.09

Date of Receipt **02 / 24 / 2023**
Transaction ID : 2023022419417-65
 Amount of Each Receipt this Period 76.93
 Memo Item

B. 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 ▼ 1000.09

Date of Receipt **03 / 10 / 2023**
Transaction ID : 2023031019418-65
 Amount of Each Receipt this Period 76.93
 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 ▼ 1000.09

Date of Receipt **03 / 24 / 2023**
Transaction ID : 2023032419456-65
 Amount of Each Receipt this Period 76.93
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 230.79 |
| 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 51 OF 78 |
| | <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. 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 ▼ 1000.09

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 07 / 2023
Transaction ID : 2023040719456-65
 Amount of Each Receipt this Period
 76.93
 Memo Item

B. 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 ▼ 1000.09

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 21 / 2023
Transaction ID : 2023042119458-65
 Amount of Each Receipt this Period
 76.93
 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 ▼ 1000.09

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 05 / 2023
Transaction ID : 2023050519458-68
 Amount of Each Receipt this Period
 76.93
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 230.79 |
| 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 52 OF 78 |
| | <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. 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 ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2023
Transaction ID : 2023051919456-68
 Amount of Each Receipt this Period
 76.93
 Memo Item

B. 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 ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2023
Transaction ID : 2023060219456-68
 Amount of Each Receipt this Period
 76.93
 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 ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2023
Transaction ID : 2023061619457-68
 Amount of Each Receipt this Period
 76.93
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 230.79 |
| 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 53 OF 78 |
| | <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 | |

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. 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 ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : 2023063019417-69
 Amount of Each Receipt this Period
 76.93
 Memo Item

B. 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2023
Transaction ID : 2023032419456-26
 Amount of Each Receipt this Period
 40.00
 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2023
Transaction ID : 2023040719456-26
 Amount of Each Receipt this Period
 40.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 156.93 |
| 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 54 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2023
Transaction ID : 2023042119458-26
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2023
Transaction ID : 2023050519458-27
 Amount of Each Receipt this Period
 40.00
 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2023
Transaction ID : 2023051919456-27
 Amount of Each Receipt this Period
 40.00
 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 55 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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. 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 ▼ 520.00

Date of Receipt
 06 / 02 / 2023
Transaction ID : 2023060219456-27
 Amount of Each Receipt this Period 40.00
 Memo Item

B. 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 ▼ 520.00

Date of Receipt
 06 / 16 / 2023
Transaction ID : 2023061619457-27
 Amount of Each Receipt this Period 40.00
 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 ▼ 520.00

Date of Receipt
 06 / 30 / 2023
Transaction ID : 2023063019417-27
 Amount of Each Receipt this Period 40.00
 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 56 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. Raider, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2023
Transaction ID : 2023050519458-8
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Raider, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2023
Transaction ID : 2023051919456-8
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Raider, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2023
Transaction ID : 2023060219456-8
 Amount of Each Receipt this Period
 25.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| 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 57 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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. Raider, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 16 / 2023
Transaction ID : 2023061619457-8
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Raider, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2023
Transaction ID : 2023063019417-8
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Riley, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 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, Field Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 02 / 2023
Transaction ID : 2023060219456-19
 Amount of Each Receipt this Period 19.23
 Memo Item

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|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 69.23 |
| 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 58 OF 78 |
| | <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

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Riley, George, , , | | Date of Receipt |
| Mailing Address 6210 Ardrey Kell Rd Ste 500 | | <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2023"/> |
| City Charlotte | State NC | Zip Code 28277 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 2023061619457-19 |
| Name of Employer (for Individual) Selective Insurance Company of America | | Amount of Each Receipt this Period <input type="text" value="19.23"/> |
| Occupation (for Individual) VP, Field Operations | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="249.99"/> | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Riley, George, , , | | Date of Receipt |
| Mailing Address 6210 Ardrey Kell Rd Ste 500 | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2023"/> |
| City Charlotte | State NC | Zip Code 28277 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 2023063019417-19 |
| Name of Employer (for Individual) Selective Insurance Company of America | | Amount of Each Receipt this Period <input type="text" value="19.23"/> |
| Occupation (for Individual) VP, Field Operations | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="249.99"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sarisky, Brian, , , | | Date of Receipt |
| Mailing Address 40 Wantage Ave | | <input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2023"/> |
| City Branchville | State NJ | Zip Code 07890 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 2023021019418-7 |
| Name of Employer (for Individual) Selective Insurance Company of America | | Amount of Each Receipt this Period <input type="text" value="77.00"/> |
| Occupation (for Individual) Chief UW Officer, CL | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="1001.00"/> | |

| | |
|---|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text" value="115.46"/> |
| TOTAL This Period (last page this line number only)..... | <input type="text"/> |

**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 59 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. 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 ▼ 1001.00

Date of Receipt **02 / 24 / 2023**
Transaction ID : 2023022419417-7
 Amount of Each Receipt this Period 77.00
 Memo Item

B. 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 ▼ 1001.00

Date of Receipt **03 / 10 / 2023**
Transaction ID : 2023031019418-7
 Amount of Each Receipt this Period 77.00
 Memo Item

C. 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 ▼ 1001.00

Date of Receipt **03 / 24 / 2023**
Transaction ID : 2023032419456-7
 Amount of Each Receipt this Period 77.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 231.00 |
| 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 60 OF 78 |
| | <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. 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 ▼ 1001.00

Date of Receipt **04 / 07 / 2023**
Transaction ID : 2023040719456-7
 Amount of Each Receipt this Period 77.00
 Memo Item

B. 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 ▼ 1001.00

Date of Receipt **04 / 21 / 2023**
Transaction ID : 2023042119458-7
 Amount of Each Receipt this Period 77.00
 Memo Item

C. 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 ▼ 1001.00

Date of Receipt **05 / 05 / 2023**
Transaction ID : 2023050519458-7
 Amount of Each Receipt this Period 77.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 231.00 |
| 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 61 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. 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 ▼ 1001.00

Date of Receipt **05 / 19 / 2023**
Transaction ID : 2023051919456-7
 Amount of Each Receipt this Period 77.00
 Memo Item

B. 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 ▼ 1001.00

Date of Receipt **06 / 02 / 2023**
Transaction ID : 2023060219456-7
 Amount of Each Receipt this Period 77.00
 Memo Item

C. 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 ▼ 1001.00

Date of Receipt **06 / 16 / 2023**
Transaction ID : 2023061619457-7
 Amount of Each Receipt this Period 77.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 231.00 |
| 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 62 OF 78 |
| | <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 |

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 ▼ 1001.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : 2023063019417-7
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Scharfstein, Mattia, , ,
 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) AVP, Regulatory Mgmt Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **03 / 10 / 2023**
Transaction ID : 2023031019418-56
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Scharfstein, Mattia, , ,
 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) AVP, Regulatory Mgmt Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **03 / 24 / 2023**
Transaction ID : 2023032419456-56
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 177.00 |
| 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 63 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. Scharfstein, Mattia, , ,
 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) AVP, Regulatory Mgmt Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2023
Transaction ID : 2023040719456-56
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Scharfstein, Mattia, , ,
 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) AVP, Regulatory Mgmt Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2023
Transaction ID : 2023042119458-56
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Scharfstein, Mattia, , ,
 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) AVP, Regulatory Mgmt Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2023
Transaction ID : 2023050519458-59
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 150.00 |
| 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: | PAGE 64 OF 78 |
| | (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"/> 12 |
| | | <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. Scharfstein, Mattia, , ,
 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) AVP, Regulatory Mgmt Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **05 / 19 / 2023**
Transaction ID : 2023051919456-59
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Scharfstein, Mattia, , ,
 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) AVP, Regulatory Mgmt Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **06 / 02 / 2023**
Transaction ID : 2023060219456-59
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Scharfstein, Mattia, , ,
 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) AVP, Regulatory Mgmt Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **06 / 16 / 2023**
Transaction ID : 2023061619457-59
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 150.00 |
| 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 65 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. Scharfstein, Mattia, , ,
 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) AVP, Regulatory Mgmt Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : 2023063019417-60
 Amount of Each Receipt this Period
 50.00
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2023
Transaction ID : 2023031019418-57
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2023
Transaction ID : 2023032419456-57
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 150.00 |
| 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 66 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. 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 ▼ 650.00

Date of Receipt
 04 / 07 / 2023
Transaction ID : 2023040719456-57
 Amount of Each Receipt this Period 50.00
 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 ▼ 650.00

Date of Receipt
 04 / 21 / 2023
Transaction ID : 2023042119458-57
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 650.00

Date of Receipt
 05 / 05 / 2023
Transaction ID : 2023050519458-60
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 150.00 |
| 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 67 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2023
Transaction ID : 2023051919456-60
 Amount of Each Receipt this Period
 50.00
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2023
Transaction ID : 2023060219456-60
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2023
Transaction ID : 2023061619457-60
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 150.00 |
| 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 68 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : 2023063019417-61
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Sims, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr Ste 201
 City Hamilton State NJ Zip Code 08690
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2023
Transaction ID : 2023050519458-9
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Sims, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr Ste 201
 City Hamilton State NJ Zip Code 08690
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2023
Transaction ID : 2023051919456-9
 Amount of Each Receipt this Period
 25.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 100.00 |
| 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 69 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. Sims, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2023
Transaction ID : 2023060219456-9
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Sims, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2023
Transaction ID : 2023061619457-9
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Sims, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : 2023063019417-9
 Amount of Each Receipt this Period
 25.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| 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 70 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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. Sparks, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6263 N Scottsdale Rd
 Ste 310
 City Scottsdale State AZ Zip Code 85250
 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2023
Transaction ID : 2023060219456-13
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Sparks, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6263 N Scottsdale Rd
 Ste 310
 City Scottsdale State AZ Zip Code 85250
 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2023
Transaction ID : 2023061619457-13
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Sparks, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6263 N Scottsdale Rd
 Ste 310
 City Scottsdale State AZ Zip Code 85250
 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : 2023063019417-13
 Amount of Each Receipt this Period
 20.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 60.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 71 OF 78
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
11a 11b 11c 12
13 14 15 16 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. Thebault, J., Brian,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 40 Wantage Ave
City Branchville State NJ Zip Code 07890-0001
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SIGI Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 2000.00

Date of Receipt 06 / 12 / 2023
Transaction ID : 8348CDCBAC0A4F208A2A
Amount of Each Receipt this Period 2000.00
Memo Item

B. Zweier, David, , ,
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, Enterprise PMO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 530.09

Date of Receipt 03 / 10 / 2023
Transaction ID : 2023031019418-73
Amount of Each Receipt this Period 41.25
Memo Item

C. Zweier, David, , ,
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, Enterprise PMO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 530.09

Date of Receipt 03 / 24 / 2023
Transaction ID : 2023032419456-73
Amount of Each Receipt this Period 41.25
Memo Item

SUBTOTAL of Receipts This Page (optional)..... 2082.50
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 72 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. Zweier, David, , ,
 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, Enterprise PMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.09

Date of Receipt **04 / 07 / 2023**
Transaction ID : 2023040719456-73
 Amount of Each Receipt this Period 41.25
 Memo Item

B. Zweier, David, , ,
 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, Enterprise PMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.09

Date of Receipt **04 / 21 / 2023**
Transaction ID : 2023042119458-73
 Amount of Each Receipt this Period 41.25
 Memo Item

C. Zweier, David, , ,
 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, Enterprise PMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.09

Date of Receipt **05 / 05 / 2023**
Transaction ID : 2023050519458-76
 Amount of Each Receipt this Period 41.25
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 123.75 |
| 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 73 OF 78 |
| | <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. Zweier, David, , ,
 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, Enterprise PMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.09

Date of Receipt **05 / 19 / 2023**
Transaction ID : 2023051919456-76
 Amount of Each Receipt this Period 41.25
 Memo Item

B. Zweier, David, , ,
 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, Enterprise PMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.09

Date of Receipt **06 / 02 / 2023**
Transaction ID : 2023060219456-76
 Amount of Each Receipt this Period 41.25
 Memo Item

C. Zweier, David, , ,
 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, Enterprise PMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.09

Date of Receipt **06 / 16 / 2023**
Transaction ID : 2023061619457-76
 Amount of Each Receipt this Period 41.25
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 123.75 |
| 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 74 OF 78 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zweier, David, , ,

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, Enterprise PMO |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
530.09

Date of Receipt
MM / DD / YYYY
06 / 30 / 2023

Transaction ID : 2023063019417-77

Amount of Each Receipt this Period
41.25

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 41.25 |
| TOTAL This Period (last page this line number only)..... | 20296.91 |

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 |
| 0 | 1 | | 2 | 3 | | 2 | 0 | 2 | 3 |

Mailing Address 8700 W Bryn Mawr Ave
Ste 1200S

City Chicago State IL Zip Code 60631-3512

FEC Identification Number

C C00692806
Transaction ID : 1CDF907FD8
Amount of Each Disbursement this Period
5000.00

Purpose of Disbursement
2023 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: 2023
 Primary General
 Other (specify) **Contribution**

Memo Item

Full Name (Last, First, Middle Initial)

B. Davidson For Congress

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 0 | | 2 | 0 | 2 | 3 |

Mailing Address PO Box 518

City Troy State OH Zip Code 45373

FEC Identification Number

C C00600718
Transaction ID : B87E2D086E4
Amount of Each Disbursement this Period
2500.00

Purpose of Disbursement
2024 Primary

011
Category/
Type

Candidate Name
Davidson, Warren, , ,

Office Sought: House Senate President
 Disbursement For: 2024
 Primary General
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

C. Garret Graves For Congress

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 3 | | 2 | 0 | 2 | 3 |

Mailing Address PO Box 64845

City Baton Rouge State LA Zip Code 70896

FEC Identification Number

C C00558486
Transaction ID : 0220E19A4D
Amount of Each Disbursement this Period
1000.00

Purpose of Disbursement
2024 Primary

011
Category/
Type

Candidate Name
Graves, Garret, Neal, ,

Office Sought: House Senate President
 Disbursement For: 2024
 Primary General
 Other (specify) **Contribution**

Memo Item

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

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

8500.00

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. Josh Gottheimer For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 03 | | 2023 |

Mailing Address PO Box 584

FEC Identification Number

| | |
|---|-----------|
| C | C00573949 |
|---|-----------|

City Ridgewood State NJ Zip Code 07451

Transaction ID : 2F0D6D8A8D

Purpose of Disbursement
2024 Primary

| |
|-------------------|
| 011 |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Candidate Name

Gottheimer, Joshua, S., ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NJ District: 05

Memo Item

Full Name (Last, First, Middle Initial)

B. Team McHenry

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 13 | | 2023 |

Mailing Address 228 S Washington St
Ste 115

FEC Identification Number

| | |
|---|-----------|
| C | C00544650 |
|---|-----------|

City Alexandria State VA Zip Code 22314

Transaction ID : 5476AFD3D0/

Purpose of Disbursement
2023 Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Candidate Name

Team McHenry

Office Sought: House
 Senate
 President

Disbursement For: 2023
 Primary General
 Other (specify) Contribution

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
|-------|---|-------|---|-----------|

Mailing Address

FEC Identification Number

| | |
|---|--|
| C | |
|---|--|

City State Zip Code

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

| |
|---------|
| 6000.00 |
|---------|

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

| |
|----------|
| 14500.00 |
|----------|

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 type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" 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. DiSanto for Senate

Mailing Address PO Box 126638

City
Harrisburg

State
PA

Zip Code
17112

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 7 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 7BCA57536F

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Chris Gebhard

Mailing Address 1451 Quentin Road
Suite 400

City
Lebanon

State
PA

Zip Code
17042

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 7 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 4E7A7AA18B

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Joe Pittman

Mailing Address 119 S 3rd St

City
Indiana

State
PA

Zip Code
15701

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 7 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 8BC4C710D/

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

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

[REDACTED] 3000.00

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

[REDACTED]

**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 type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" 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. Friends of Kim Ward

Mailing Address PO Box 83

City
Harrisburg

State
PA

Zip Code
17108

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 7 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 3C19BFAB2E

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. New Jersey Organization for a Better State (New JOBS)

Mailing Address PO Box 1600

City
Trenton

State
NJ

Zip Code
08607

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 3 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 1A71CBBB2E

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pennsylvania Insurance PAC (PIPAC)

Mailing Address 1600 Market Street
Suite 1720

City
Philadelphia

State
PA

Zip Code
19103

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 3 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 4BEE9DE0F0

Amount of Each Disbursement this Period

[REDACTED] 4000.00

Memo Item

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

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

[REDACTED] 7500.00

[REDACTED] 10500.00