

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.
Selective Insurance Company of America Political Action Committee

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer Jeffrey Beck [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="25971.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35567.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15182.13"/>	<input type="text" value="26248.40"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="50749.14"/>	<input type="text" value="52219.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12200.00"/>	<input type="text" value="20200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38549.14"/>	<input type="text" value="32019.89"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14298.20	22222.01
(ii) Unitemized	883.93	4026.39
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15182.13	26248.40
(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)	15182.13	26248.40
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))..... ▶	15182.13	26248.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15182.13	26248.40

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.....	1000.00	3000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	11200.00	17200.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	12200.00	20200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12200.00	20200.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	15182.13	26248.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15182.13	26248.40
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 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Charles C. Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Windsor Dr
 City Northampton State PA Zip Code 18067-1780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **784.64**

Date of Receipt **06 / 24 / 2016**
Transaction ID : AF0519C5E7C4B49B898B
 Amount of Each Receipt this Period **184.64**
 Memo Item
 Payroll Deduction: \$23.08/Bi-Weekly

B. Allen Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Windy Brow Mnr
 City Fredon State NJ Zip Code 07860-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief U/W Officer, P
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **538.44**

Date of Receipt **06 / 24 / 2016**
Transaction ID : A57E4A82F2CC043CF95B
 Amount of Each Receipt this Period **307.68**
 Memo Item
 Payroll Deduction: \$38.46/Bi-Weekly

C. Jeffrey Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Whitefield Dr
 City Lafayette Hill State PA Zip Code 19444-1648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Govt & Regulatory Af
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1076.88**

Date of Receipt **06 / 24 / 2016**
Transaction ID : A4F16921ED98F47D4AF3
 Amount of Each Receipt this Period **615.36**
 Memo Item
 Payroll Deduction: \$76.92/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1107.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Cyndi Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Landrud Rd
 City Sussex State NJ Zip Code 07461-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 24 / 2016
Transaction ID : ABBAF3358DFD0451CABI
 Amount of Each Receipt this Period 160.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Kimberly Burnett
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Pierce St
 City Sparta State NJ Zip Code 07871-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation EVP, Chief HR Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 06 / 24 / 2016
Transaction ID : AEC175E7B490645D7975
 Amount of Each Receipt this Period 600.00
 Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

C. Sarita Chakravarthi
 Full Name (Last, First, Middle Initial)
 Mailing Address 648 S Brooksvale Rd
 City Cheshire State CT Zip Code 06410-3517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Tax & Asst Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.12

Date of Receipt 06 / 24 / 2016
Transaction ID : A74926CD5077241EA928
 Amount of Each Receipt this Period 184.64
 Memo Item
 Payroll Deduction: \$23.08/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	944.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Thomas Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 8904 Rams Crossing Ct
 # C
 City North Chesterfield State VA Zip Code 23236-1388
 FEC ID number of contributing federal political committee. C
 Name of Employer Selective Insurance Company of America Occupation SVP, Claims General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 06 / 24 / 2016
Transaction ID : A0AFDC4EF190C4D6894B
 Amount of Each Receipt this Period 400.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Stephen Crosta
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Lee Rd
 City Livingston State NJ Zip Code 07039-4134
 FEC ID number of contributing federal political committee. C
 Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 24 / 2016
Transaction ID : A0BC79FB1FCB440CA9A5
 Amount of Each Receipt this Period 307.68
 Memo Item
 Payroll Deduction: \$38.46/Bi-Weekly

C. Joanne Dagostino
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 W Valley View Ave
 City Hackettstown State NJ Zip Code 07840-1259
 FEC ID number of contributing federal political committee. C
 Name of Employer Selective Insurance Company of America Occupation VP, SIU/Recovery/Complan
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 06 / 10 / 2016
Transaction ID : A58E0063EC24A4687A14
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	882.68
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 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brenda Hall
Full Name (Last, First, Middle Initial)
Mailing Address 3407 Delamere Dr

City Matthews	State NC	Zip Code 28104-6866
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FEC ID number of contributing federal political committee. **C**

Name of Employer Selective Insurance Company of America	Occupation SVP, Chief Strat Ops Offic
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : AFF6D58C2890F48E0A48

Amount of Each Receipt this Period
800.00

Memo Item
Payroll Deduction: \$100.00/Bi-Weekly

B. Christie Harris
Full Name (Last, First, Middle Initial)
Mailing Address 124 Turkey Hunt Ct

City Waxhaw	State NC	Zip Code 28173-6827
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FEC ID number of contributing federal political committee. **C**

Name of Employer Selective Insurance Company of America	Occupation VP, Claims LOB
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : AD9CE89F0185B4762BAF

Amount of Each Receipt this Period
200.00

Memo Item
Payroll Deduction: \$25.00/Bi-Weekly

C. Jeffrey Kamrowski
Full Name (Last, First, Middle Initial)
Mailing Address 40 Wantage Ave

City Branchville	State NJ	Zip Code 07890-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Selective Insurance Company of America	Occupation Chief UW Officer, CL
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2016

Transaction ID : A6D720ACD2DCA4AC2A51

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 10 OF 16
(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. Michael Lanza
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 Sparta Ave
 Apt 301
 City Sparta State NJ Zip Code 07871-6704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation EVP, General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 24 / 2016
Transaction ID : A8723308E83E04D6F963
 Amount of Each Receipt this Period 800.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

B. John J. Marchioni
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Manor Dr
 City Byram Township State NJ Zip Code 07821-3536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation President & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 11 / 2016
Transaction ID : A4EB08E07E6274A1D816
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Michael Mazzarella
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Ski Hill Dr
 City Bedminster State NJ Zip Code 07921-2530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation VP, Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 24 / 2016
Transaction ID : A822BEA177EA94226B04
 Amount of Each Receipt this Period 240.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ► 6040.00
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 11 OF 16
(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. James Mc Lain
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 Venetian Way Dr
 City Waxhaw State NC Zip Code 28173-8079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief Field Ops Offi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.44

Date of Receipt 06 / 24 / 2016
Transaction ID : A9D100CCF70BA48C78DE
 Amount of Each Receipt this Period 615.44
 Memo Item
 Payroll Deduction: \$76.93/Bi-Weekly

B. George Neale
 Full Name (Last, First, Middle Initial)
 Mailing Address 7313 Harcourt Xing
 City Fort Mill State SC Zip Code 29707-5986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation EVP, Chief Claims Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 24 / 2016
Transaction ID : AA5E341DDB8EF432987E
 Amount of Each Receipt this Period 307.68
 Memo Item
 Payroll Deduction: \$38.46/Bi-Weekly

C. Richard Nenaber
 Full Name (Last, First, Middle Initial)
 Mailing Address 8559 S Myrtle Ave
 City Tempe State AZ Zip Code 85284-2373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Music
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 24 / 2016
Transaction ID : AE7494F8094E9402D9AF
 Amount of Each Receipt this Period 800.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 1723.12
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) A. William O'Brien		Date of Receipt MM / DD / YYYY 06 / 24 / 2016
Mailing Address 12009 Carolina Cherry Ln		Transaction ID : A260FC4C03EA44F2BA41
City Waxhaw	State NC	Zip Code 28173-6214
FEC ID number of contributing federal political committee.	C	
Name of Employer Selective Insurance Company of America	Occupation VP, Claims LOB	Amount of Each Receipt this Period 184.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.64	<input type="checkbox"/> Memo Item Payroll Deduction: \$23.08/Bi-Weekly

Full Name (Last, First, Middle Initial) B. Maria Orecchio		Date of Receipt MM / DD / YYYY 06 / 24 / 2016
Mailing Address 54 McKesson Hill Rd		Transaction ID : A6ED5BD1F3FFC409385F
City Chappaqua	State NY	Zip Code 10514-1631
FEC ID number of contributing federal political committee.	C	
Name of Employer Selective Insurance Company of America	Occupation VP, Assistant General Cou	Amount of Each Receipt this Period 615.44
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 915.44	<input type="checkbox"/> Memo Item Payroll Deduction: \$76.93/Bi-Weekly

Full Name (Last, First, Middle Initial) C. Thomas Stewart Purnell		Date of Receipt MM / DD / YYYY 06 / 24 / 2016
Mailing Address 4 Country Ln		Transaction ID : A6E10A1180315447DA27
City Sparta	State NJ	Zip Code 07871-2911
FEC ID number of contributing federal political committee.	C	
Name of Employer Selective Insurance Company of America	Occupation SVP, Regional Manager	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62	<input type="checkbox"/> Memo Item Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1000.08
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 13 OF 16
(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

Full Name (Last, First, Middle Initial)
A. Erik Reidenbach

Mailing Address 13303 Silverstone Dr

City Fishers State IN Zip Code 46037-8174

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

Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 19 / 2016**

Transaction ID : A78BF0ABF396D47A681E

Amount of Each Receipt this Period **400.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Brian C. Sarisky

Mailing Address 22 Natale Dr

City Sparta State NJ Zip Code 07871-3034

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

Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **06 / 24 / 2016**

Transaction ID : A18743638FD0348DCB86

Amount of Each Receipt this Period **200.00**

Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	14298.20

**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"/> 24	<input type="checkbox"/> 25	<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

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 (Last, First, Middle Initial)

A. Blaine For Congress

Mailing Address PO BOX 98

City Saint Elizabeth State MO Zip Code 65075-0098

Purpose of Disbursement
AIA Lunch honoring Blaine Luetkemeyer

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : B4DFEA84D638947688D6

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

1000.00

**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"/> 24	<input type="checkbox"/> 25	<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. Build PA PAC

Mailing Address P. O. Box 412

City Harrisburg State PA Zip Code 17108-0412

Purpose of Disbursement
PIPAC Dinner - Sen. Jake Corman

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : B63EA3856FC844967A77

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends for John Carney

Mailing Address 410 1st Street, SE
Suite 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement
2016 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2016

Transaction ID : B307FE297DB6A4BA9B5C

Amount of Each Disbursement this Period

1200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Tina Pickett

Mailing Address P.O. Box 203

City WYSOX State PA Zip Code 18854

Purpose of Disbursement
2016 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2016

Transaction ID : B5743C6C94D3849678B7

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3200.00

**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"/> 24	<input type="checkbox"/> 25	<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. NJ Coalition for Insurance Professionals PAC

Mailing Address 15 W. Front Street, 2nd Floor

City State Zip Code
Trenton NJ 08608-2013

Purpose of Disbursement
Contribution to NJ CIP

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : B1F0A8EA0A1334AF59E6

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pennsylvania Insurance PAC (PIPAC)

Mailing Address 1600 Market Street
Suite 1720

City State Zip Code
Philadelphia PA 19103

Purpose of Disbursement
2016 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : BEFE85CDA4CBB43AB8D4

Amount of Each Disbursement this Period

2000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

8000.00

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

11200.00