Image# 14941337173 PAGE 1 / 14

### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOTAL OX	or Other Than An Au	itnorizea Committ	ee		Office Use Only
1. NAME OF COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typi over the lines.	ng, type	12FE4M5	
Selective Insurance Co	mpany of America	Political Action (	Committee	9	
ADDRESS (number and street)	40 Wantage Ave				
Check if different					
than previously reported. (ACC)	Branchville			NJ L	07890
2. FEC IDENTIFICATION NU	MBER ▼ C	ITY 🛦		STATE 🛦	ZIP CODE ▲
C C00550889			NEW (N) <b>OR</b>	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		` ' -	Jun 20 (M6)	Sep 2	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		or 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1	(c) 12-Day	Primary (12F	P)	General (	12G) Runoff (12R)
Quarterly Report (Q2 October 15	Report for the:	Convention	(12C)	Special (1	(2S)
Quarterly Report (Q3	Float	tion on	D   D /	Y Y Y Y	in the State of
Year-End Report (YE July 31 Mid-Year	(d) 30-Day	IIOIT OIT			State of
Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30	G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	Elect	tion on	D   D /	Y . Y . Y . Y	in the State of
5. Covering Period 05	01 2014		M - M 05_	31	2014
I certify that I have examined this	Report and to the best of	of my knowledge and	belief it is tru	ue, correct and	complete.
Type or Print Name of Treasurer	Jeffrey F. Beck				
Signature of Treasurer Jeffrey	F. Beck	[Electronicall	y Filed]	Date 06	/ 19 / Y Y Y Y Y Y 2014
NOTE: Submission of false, errone	ous, or incomplete informati	on may subject the per	son signing th	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

# 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 05 2014 05 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1767.30 January 1, 2014 (b) Cash on Hand at 3882.66 Beginning of Reporting Period..... 8636.50 4021.14 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 7903.80 10403.80 6(a) and 6(c) for Column B)..... 3500.00 6000.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 4403.80 4403.80 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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)

Write or Type Committee Name

### Selective Insurance Company of America Political Action Committee

ributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	3905.76	6413.44
Than Political Committees  (i) Itemized (use Schedule A)	7 7 7	6413.44
(ii) Itemized (use Schedule A)	7 7 7	6413.44
(ii) Unitemized	7 7 7	6413.44
` '	145.20	
(III) TOTAL (add	115.38	2223.06
Lines 11(a)(i) and (ii)	, 4021.14	8636.50
Political Party Committees	0.00	0.00
Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		22222
Totals to Line 33, page 5)	4021.14	8636.50
sfers From Affiliated/Other		
Committees	0.00	0.00
oans Received	0.00	0.00
Repayments Received	0.00	0.00
ets To Operating Expenditures		
·	0.00	0.00
nds of Contributions Made	7	7
ederal Candidates and Other		
cal Committees	0.00	0.00
· ·	0.00	0.00
	7	3.00
	0.00	0.00
(	3.00	0.00
evin Funda (from Caladala US)	0.00	0.00
evin runas (from Schedule H5)	0.00	0.00
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Other Political Committees (such as PACs)	Other Political Committees (such as PACs)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)			200000000000000000000000000000000000000		
	(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	0.00	0.00		
2	(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	0.00	0.00		
	Committees	0.00	0.00		
3.	Contributions to Federal Candidates/Committees and Other Political Committees	2500.00	5000.00		
4	Independent Expenditures	200000	3000.00		
	(use Schedule E)	0.00	0.00		
Э.	Coordinated Party Expenditures (2 U.S.C. §441a(d))	0.00			
	(use Schedule F)	0.00	0.00		
6.	Loan Repayments Made	0.00	0.00		
_	1 M. I.	0.00	0.00		
/. 8.	Loans Made Refunds of Contributions To:	0.00	0.00		
	(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	0.00	0.00		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
9.	Other Disbursements	1000.00	1000.00		
^	F				
U.	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		7 7 7		
	With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add	0.00	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
1.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3500.00	6000.00		
2.	Total Federal Disbursements				
•	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	3500.00	6000.00		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4021.14	8636.50	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4021.14	8636.50	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

	FOR LINE NUMBER:						PAGE	Ξ	6	OF	14	ŀ
Use separate schedule(s) for each category of the	l `_		ck only	or	ne)		1		,			
Detailed Summary Page		X	11a		11b		11c		12	!		
			13		14		15		16	;	117	7

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 th	e 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 Commit	ttee
Full Name (Last, First, Middle Initial)  Jeffrey Beck		Date of Receipt
Mailing Address 4 Whitefield Dr		05 02 2014
City	State Zip Code	Transaction ID : A33E10E0803D496CA5F6
Lafayette Hill	PA 19444-1648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.92
Name of Employer	Occupation	
Selective Insurance Company of America	SVP, Government and Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	846.12	
Full Name (Last, First, Middle Initial)  3. Jeffrey Beck		Date of Receipt
Mailing Address 4 Whitefield Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	05 16 2014 Transaction ID : B6B8E4E9C7C54FF3BA20
Lafayette Hill	PA 19444-1648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	76.92
Name of Employer	Occupation	
Selective Insurance Company of America	SVP, Government and Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	846.12	
Full Name (Last, First, Middle Initial)  2. Jeffrey Beck		Date of Receipt
Mailing Address 4 Whitefield Dr		05 30 _2014 _
City	State Zip Code	Transaction ID : 7640770897AC4BC98936
Lafayette Hill	PA 19444-1648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.92
Name of Employer	Occupation	
Selective Insurance Company of America	SVP, Government and Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	846.12	
SUBTOTAL of Receipts This Page (optional)		230.76
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

14

for each category of the Detailed Summary Page 14 13 15 16 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) Sarita Chakravarthi Date of Receipt Mailing Address 648 S Brooksvale Rd 2014 02 City State Zip Code Transaction ID: 7662417E51F3434E99E1 CT Cheshire 06410-3517 Amount of Each Receipt this Period FEC ID number of contributing 23.08 federal political committee. Name of Employer Occupation SVP, Tax & Assitant Treasurer Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 253.88 Other (specify) Full Name (Last, First, Middle Initial) B. Sarita Chakravarthi Date of Receipt Mailing Address 648 S Brooksvale Rd 05 16 2014 City State Zip Code Transaction ID: 75C8BFF19F39401B9A8E CT Cheshire 06410-3517 Amount of Each Receipt this Period FEC ID number of contributing 23.08 federal political committee. Name of Employer Occupation Selective Insurance Company of America SVP, Tax & Assitant Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 253.88 Other (specify) Full Name (Last, First, Middle Initial) **c.** Sarita Chakravarthi Date of Receipt Mailing Address 648 S Brooksvale Rd 30 2014 City State Zip Code Transaction ID: 6C3EF703DFDE424EB36E CT Cheshire 06410-3517 Amount of Each Receipt this Period FEC ID number of contributing 23.08 С federal political committee. Name of Employer Occupation SVP, Tax & Assitant Treasurer Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 253.88 Other (specify) 69.24

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SUBTOTAL of Receipts This Page (optional).....

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

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

FOF	R LINE	NU	MBER	R:   PAGE			8	OF		14
(che	(check only one)									
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.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Selective Insurance Company o	f America Political Action Committ	tee
۵.	Full Name (Last, First, Middle Initial) Thomas Clark  Mailing Address, 2004 Rama Crossing Ct		Date of Receipt
	Mailing Address 8904 Rams Crossing Ct		05 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	North Chesterfield	State Zip Code VA 23236-1388	Transaction ID : 8AC80049853E4C3FB5B6  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	
	Selective Insurance Company of America	SVP, Claims General Counsel	
	Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼  275.00	
		213.00	
3.	Full Name (Last, First, Middle Initial) Thomas Clark		Date of Receipt
	Mailing Address 8904 Rams Crossing Ct		05 16 2014
	City	State Zip Code	Transaction ID: 845FA77D71784719960D
	North Chesterfield	VA 23236-1388	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	
	Selective Insurance Company of America	SVP, Claims General Counsel	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	275.00	
<del></del>	Full Name (Last, First, Middle Initial) Thomas Clark		Date of Receipt
	Mailing Address 8904 Rams Crossing Ct		05 30 2014
	City	State Zip Code	Transaction ID: 476C788AF5564A9D8B78
	North Chesterfield	VA 23236-1388	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	
	Selective Insurance Company of America	SVP, Claims General Counsel	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	275.00	
s	UBTOTAL of Receipts This Page (optional)		75.00
Т	OTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 9 OF 14 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Stephen Crosta Date of Receipt Mailing Address 54 Lee Rd 2014 02 City Zip Code State Transaction ID: F228E023F8E74B13B2CB Livingston NJ 07039-4134 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation VP, Assistant General Counsel Selective Insruance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Crosta Date of Receipt Mailing Address 54 Lee Rd 05 16 2014 City State Zip Code Transaction ID: B721C3EF5DC84B7F9046 NJ 07039-4134 Livingston Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Selective Insruance Company of America VP, Assistant General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Crosta Date of Receipt Mailing Address 54 Lee Rd 30 2014 City Zip Code State Transaction ID: 44259D7BF21D443AAECC NJ Livingston 07039-4134 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation VP, Assistant General Counsel Selective Insruance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 10 OF 14 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 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) Michael Lanza Date of Receipt Mailing Address PO Box 1495 02 2014 City Zip Code State Transaction ID: DF9AB8A4BE42413AB0BE Sparta NJ 07871-5495 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation EVP, General Counsel Selective Insurace Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Lanza Date of Receipt Mailing Address PO Box 1495 05 16 2014 City State Zip Code Transaction ID: 850F8B39A1F240B5AF45 NJ Sparta 07871-5495 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Selective Insurace Company of America EVP, General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Lanza Date of Receipt Mailing Address PO Box 1495 30 2014 City Zip Code State Transaction ID: A4F5F6EB6D7447C297D8 NJ Sparta 07871-5495 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation EVP, General Counsel Selective Insurace Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) John Marchioni Date of Receipt Mailing Address 2 Manor Dr 02 2014 City Zip Code State Transaction ID: BD833A71A20D435C9311 Byram Township NJ 07821-3536 Amount of Each Receipt this Period FEC ID number of contributing 3000.00 federal political committee. Name of Employer Occupation President and COO Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name (Last, First, Middle Initial) B. George Neale Date of Receipt Mailing Address 10029 Daufuskie Dr 02 05 2014 City State Zip Code Transaction ID: 60E65213139F48F2B69E NC Charlotte 28278-9041 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Selective Insurance Company of America SVP, Chief Claims Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. George Neale Date of Receipt Mailing Address 10029 Daufuskie Dr 16 2014 City State Zip Code Transaction ID: D2E4AA918AAB4BD7BBF1 NC Charlotte 28278-9041 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation SVP, Chief Claims Officer Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 3076.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOF	R LINE	NU	MBER	PAGE	1	12	OF	14	
(che									
X	11a		11b		11c		12		
	13		14		15		16	;	17

NAME OF COMMITTEE (In Full)	the name and address of any political committee by of America Political Action Comm	
Full Name (Last, First, Middle Initial)  A. George Neale	y of America i official Action Commi	
Mailing Address 10029 Daufuskie Dr		Date of Receipt    Date of Receipt
City Charlotte  FEC ID number of contributing federal political committee.	State Zip Code NC 28278-9041	Transaction ID : F7D8182F163C4EDABB  Amount of Each Receipt this Period  38.46
Name of Employer  Selective Insurance Company of America  Receipt For:  Primary General  Other (specify) ▼	Occupation SVP, Chief Claims Officer  Aggregate Year-to-Date ▼  423.06	
Full Name (Last, First, Middle Initial)  3. Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	38.46
TOTAL This Period (last page this line numb		3905.76

SCHEDULE B (FEC Form 3X)		FOR LINE I	PAGE 13 OF 14	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Selective Insurance Company of A	merica Political Actio	n Commit	tee	
Full Name (Last, First, Middle Initial)			Data of Dishamana	
A. Boehner for Speaker			Date of Disbursement	Y   Y   Y   Y
Mailing Address 320 First St., SE			05 06	2014
,	State Zip Code		Transaction ID : 59A6	E1FDD28FD103AA2
Washington Purpose of Disbursement	DC 20003			
2014 Contribution		011	Amount of Each Disburs	sement this Period
Candidate Name		Category/		2500.00
Boehner for Speaker  Office Sought: House Disbursem	ant For 2014	Туре		2300.00
Senate	nent For: 2014  Primary General  Other (specify)			
State: District:	Contribution			
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement	
Margan Address			M M / D D /	Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement			Amount of Each Disburs	sement this Period
Candidate Name	,	Category/ Type		
President	nent For: Primary General Other (specify)			
State: District:  Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Disburs	sement this Period
	nent For: Primary General Other (specify)	.,,,,		
ciato. District.				
SUBTOTAL of Disbursements This Page (optional)		······•		2500.00
TOTAL This Period (last page this line number only).				2500.00

SCHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE 14 OF 1						
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:				
LIMILLE DIODONOLIVILIANO	for each category of the Detailed Summary Page	21b	22 23 24 25 26				
	Detailed Sulfillidity Fage	27	28a 28b 28c X 29 30				
Any information copied from such Reports and Statem							
or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
Selective Insurance Company of A	merica Political Action	on Commit	tee				
Full Name (Last, First, Middle Initial)		ı					
4. Friends of Don White			Date of Disbursement				
" Flielias of Doll Wille			M M / D D / Y Y Y				
Mailing Address P.O. Box 363			05 20 2014				
	State Zip Code		Transaction ID : 1E247201512714D8196				
	PA 15701						
Purpose of Disbursement Nonfederal Contribution		011	Amount of Each Disbursement this Period				
Candidate Name			Amount of Lacii DisbuiseHieff this Feffod				
		Category/ Type	1000.00				
Office Sought: House Disbursem	nent For:	.,,,,					
	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)							
<b>3.</b>			Date of Disbursement				
Martin Addison			M = M / D = D / Y = Y = Y				
Mailing Address							
City	State Zip Code						
,							
Purpose of Disbursement							
			Amount of Each Disbursement this Period				
Candidate Name		Category/					
Office Cought	ant Fam	Туре					
Office Sought: House Disbursem	nent For:  Primary General						
	Other (specify)						
State: District:	- \-\range - \-\range - \range						
Full Name (Last, First, Middle Initial)							
•			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address							
Cih.	Note 7:- O-d-						
City	State Zip Code						
Purpose of Disbursement							
			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type					
Office Sought: House Disbursem							
	Primary General						
	Other (specify) ▼						
State: District:							
CURTOTAL of Disharman to This Down ( 15 )			1000.00				
SUBTOTAL of Disbursements This Page (optional)		·····•	1000.00				
TOTAL This Period (last page this line number only).			1000.00				
I VIAL THIS I CHOW (LOST PAYE THIS HITE HUTHING! OF ONLY).							