

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 F. Beck

Signature of Treasurer Jeffrey F. 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)

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="2014"/>	<input type="text" value="1767.30"/>	<input type="text" value="1767.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3167.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1441.14"/>	<input type="text" value="13841.06"/>
(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="4608.36"/>	<input type="text" value="15608.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1000.00"/>	<input type="text" value="12000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3608.36"/>	<input type="text" value="3608.36"/>
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

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).....	1441.14	11725.68
(ii) Unitemized	0.00	2115.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1441.14	13841.06
(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)	1441.14	13841.06
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))..... ▶	1441.14	13841.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1441.14	13841.06

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)		
(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.....	0.00	5000.00
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	1000.00	7000.00
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)) ..	1000.00	12000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	12000.00

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)	1441.14	13841.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1441.14	13841.06
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	<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. Allen Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 2 Windy Brow Mnr
City Newton 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
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **10 / 17 / 2014**
Transaction ID : ACB7442B6AEE4FB5813D
Amount of Each Receipt this Period **38.46**

B. Allen Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 2 Windy Brow Mnr
City Newton 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
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **10 / 31 / 2014**
Transaction ID : 8BAE3F565FEA4433BFC4
Amount of Each Receipt this Period **38.46**

C. Allen Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 2 Windy Brow Mnr
City Newton 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
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **11 / 14 / 2014**
Transaction ID : CD22CC17EF13436BB5AA
Amount of Each Receipt this Period **38.46**

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 7 OF 16
	<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. 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, Government and Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : 2E5A3C72D93D4B369AD5
 Amount of Each Receipt this Period
 76.92

B. 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, Government and Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : 7EC71E8CF0AD44EA8A56
 Amount of Each Receipt this Period
 76.92

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, Government and Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : 289B7FA564ED402D970B
 Amount of Each Receipt this Period
 76.92

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 8 OF 16
	<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. 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 Executive Vice President, Human Resour
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : D12C1842BB194A9A99EE
 Amount of Each Receipt this Period
 40.00

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 Executive Vice President, Human Resour
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : BCA136A83CCC45429A8E
 Amount of Each Receipt this Period
 40.00

C. 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 Executive Vice President, Human Resour
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : A58ECD0760854BB58F62
 Amount of Each Receipt this Period
 40.00

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 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	<input type="checkbox"/> 17

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

A. 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 & Assitant Treasurer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **530.84**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : E07C850B61EF4B6A9029

Amount of Each Receipt this Period

23.08

B. 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 & Assitant Treasurer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **530.84**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : 9E19ED465F044CE6B32E

Amount of Each Receipt this Period

23.08

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 & Assitant Treasurer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **530.84**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

Transaction ID : 21848722DB3D4108AD05

Amount of Each Receipt this Period

23.08

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 10 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 8904 Rams Crossing Ct
 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 Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : 2ED1F3697EE64C94A2B6
 Amount of Each Receipt this Period
 25.00

B. Thomas Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 8904 Rams Crossing Ct
 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 Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : 0A00CFE8554A469BA0B8
 Amount of Each Receipt this Period
 25.00

C. Thomas Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 8904 Rams Crossing Ct
 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 Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : 91B8CDD617124CC1A8F8
 Amount of Each Receipt this Period
 25.00

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 11 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	<input type="checkbox"/> 17

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

A. 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 Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **846.12**

Date of Receipt **10 / 17 / 2014**
Transaction ID : 2014F238C9BE465A9BE6
Amount of Each Receipt this Period **38.46**

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 Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **846.12**

Date of Receipt **10 / 31 / 2014**
Transaction ID : 8110923B6BD040EEB67B
Amount of Each Receipt this Period **38.46**

C. 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 Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **846.12**

Date of Receipt **11 / 14 / 2014**
Transaction ID : 7F587C15E89A41B2BFFA
Amount of Each Receipt this Period **38.46**

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 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

Full Name (Last, First, Middle Initial) A. Brenda Hall		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014 Transaction ID : D2146ABC617040A3874F
Mailing Address 3407 Delamere Dr		Amount of Each Receipt this Period 50.00
City Matthews	State NC	Zip Code 28104-6866
FEC ID number of contributing federal political committee. C		
Name of Employer Selective Insurance Company of America	Occupation SVP, Field Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Brenda Hall		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 Transaction ID : CD39515CC0FB4E3BA882
Mailing Address 3407 Delamere Dr		Amount of Each Receipt this Period 50.00
City Matthews	State NC	Zip Code 28104-6866
FEC ID number of contributing federal political committee. C		
Name of Employer Selective Insurance Company of America	Occupation SVP, Field Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Brenda Hall		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014 Transaction ID : 65A723DE02914D78B020
Mailing Address 3407 Delamere Dr		Amount of Each Receipt this Period 50.00
City Matthews	State NC	Zip Code 28104-6866
FEC ID number of contributing federal political committee. C		
Name of Employer Selective Insurance Company of America	Occupation SVP, Field Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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 13 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael Lanza
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1495
 City Sparta State NJ Zip Code 07871-5495
 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 **2300.00**

Date of Receipt **10 / 17 / 2014**
Transaction ID : EB1DFF0D906F443BA55E
 Amount of Each Receipt this Period **100.00**

B. Michael Lanza
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1495
 City Sparta State NJ Zip Code 07871-5495
 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 **2300.00**

Date of Receipt **10 / 31 / 2014**
Transaction ID : ACD46BA6ADCC41FCA3D
 Amount of Each Receipt this Period **100.00**

C. Michael Lanza
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1495
 City Sparta State NJ Zip Code 07871-5495
 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 **2300.00**

Date of Receipt **11 / 14 / 2014**
Transaction ID : 56741AEE4853434394C0
 Amount of Each Receipt this Period **100.00**

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 14 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. George Neale
Full Name (Last, First, Middle Initial)

Mailing Address 10029 Daufuskie Dr

City Charlotte State NC Zip Code 28278-9041

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

Name of Employer Selective Insurance Company of America Occupation SVP, Chief Claims Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **884.58**

Date of Receipt **10 / 17 / 2014**

Transaction ID : 5B3A63BB2D2047AD9247

Amount of Each Receipt this Period **38.46**

B. George Neale
Full Name (Last, First, Middle Initial)

Mailing Address 10029 Daufuskie Dr

City Charlotte State NC Zip Code 28278-9041

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

Name of Employer Selective Insurance Company of America Occupation SVP, Chief Claims Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **884.58**

Date of Receipt **10 / 31 / 2014**

Transaction ID : 8DD847860FA6457A820C

Amount of Each Receipt this Period **38.46**

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

Mailing Address 10029 Daufuskie Dr

City Charlotte State NC Zip Code 28278-9041

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

Name of Employer Selective Insurance Company of America Occupation SVP, Chief Claims Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **884.58**

Date of Receipt **11 / 14 / 2014**

Transaction ID : BE3927B588374681A5D9

Amount of Each Receipt this Period **38.46**

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 15 OF 16
	<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. Maria Orecchio
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 McKesson Hill Rd
 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 Vice President, General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 10 / 17 / 2014
Transaction ID : F1B14C25664D4E478F0F
 Amount of Each Receipt this Period
 50.00

B. Maria Orecchio
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 McKesson Hill Rd
 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 Vice President, General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 10 / 31 / 2014
Transaction ID : A8A52800EF464FA6B381
 Amount of Each Receipt this Period
 50.00

C. Maria Orecchio
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 McKesson Hill Rd
 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 Vice President, General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 11 / 14 / 2014
Transaction ID : 8FB2DE499BAA4FC6B770
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	1441.14

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

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. Committee to Elect Mike Stack

Mailing Address P.O. Box 292

City Newtown State PA Zip Code 18940

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
10			24			2014			

Transaction ID : C9A3808B08A5A460432

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

1000.00
