

# 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 (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 [M M] / [D D] / [Y Y Y Y Y Y] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [M M] / [D D] / [Y Y Y Y Y Y] in the State of [ ]

5. Covering Period [07] / [01] / [2020] through [07] / [31] / [2020]

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 [08] / [05] / [2020]

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="2020"/>		54532.64
(b) Cash on Hand at Beginning of Reporting Period.....	46915.48	
(c) Total Receipts (from Line 19) .....	3150.48	26033.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	50065.96	80565.96
7. Total Disbursements (from Line 31).....	6000.00	36500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	44065.96	44065.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  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).....	3073.86	20246.60
(ii) Unitemized .....	76.62	5786.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3150.48	26033.32
(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) .....	3150.48	26033.32
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)).....▶	3150.48	26033.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3150.48	26033.32

**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	12500.00
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	2500.00
(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	2500.00
29. Other Disbursements (Including Non-Federal Donations).....	5000.00	21500.00
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)) ..	6000.00	36500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	36500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3150.48	26033.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3150.48	23533.32
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 34
	<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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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 ▼ 369.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2020  
**Transaction ID : 2020070319415-7**  
 Amount of Each Receipt this Period  
 23.08  
 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 ▼ 369.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2020  
**Transaction ID : 2020071719415-7**  
 Amount of Each Receipt this Period  
 23.08  
 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 ▼ 369.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2020  
**Transaction ID : 2020073119454-7**  
 Amount of Each Receipt this Period  
 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.24
<b>TOTAL</b> 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 34
	<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. Albert, Shadi, , ,**  
 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, Ins Strat & Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **07 / 03 / 2020**  
**Transaction ID : 2020070319415-65**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Albert, Shadi, , ,**  
 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, Ins Strat & Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **07 / 17 / 2020**  
**Transaction ID : 2020071719415-66**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Albert, Shadi, , ,**  
 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, Ins Strat & Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **07 / 31 / 2020**  
**Transaction ID : 2020073119454-66**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> 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 34
	<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 ▼ 615.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2020  
**Transaction ID : 2020070319415-50**  
 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 ▼ 615.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2020  
**Transaction ID : 2020071719415-51**  
 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 ▼ 615.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2020  
**Transaction ID : 2020073119454-51**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> 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 34
<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. 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
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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 ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2020

**Transaction ID : 2020070319415-75**

Amount of Each Receipt this Period  
20.00

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
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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 ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2020

**Transaction ID : 2020071719415-76**

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
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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 ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2020

**Transaction ID : 2020073119454-76**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 34
<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. 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 ▼ 1230.72

Date of Receipt **07 / 03 / 2020**  
**Transaction ID : 2020070319415-53**  
 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 ▼ 1230.72

Date of Receipt **07 / 17 / 2020**  
**Transaction ID : 2020071719415-54**  
 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 ▼ 1230.72

Date of Receipt **07 / 31 / 2020**  
**Transaction ID : 2020073119454-54**  
 Amount of Each Receipt this Period 76.92  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.76
<b>TOTAL</b> 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 34
<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. Bennett, Cyndi, , ,**  
 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, Compensation & Benefi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **07 / 03 / 2020**  
**Transaction ID : 2020070319415-11**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Bennett, Cyndi, , ,**  
 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, Compensation & Benefi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **07 / 17 / 2020**  
**Transaction ID : 2020071719415-52**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Bennett, Cyndi, , ,**  
 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, Compensation & Benefi  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **07 / 31 / 2020**  
**Transaction ID : 2020073119454-52**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 34
<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. 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 ▼ 307.68

Date of Receipt **07 / 03 / 2020**  
**Transaction ID : 2020070319415-34**  
 Amount of Each Receipt this Period 19.23  
 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 ▼ 307.68

Date of Receipt **07 / 17 / 2020**  
**Transaction ID : 2020071719415-35**  
 Amount of Each Receipt this Period 19.23  
 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 ▼ 307.68

Date of Receipt **07 / 31 / 2020**  
**Transaction ID : 2020073119454-35**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> 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 34
	<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**

**A. Chakravarthi, Sarita, , ,**  
 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, Tax & Asst Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 369.28

Date of Receipt **07 / 03 / 2020**  
**Transaction ID : 2020070319415-52**  
 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 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, Tax & Asst Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 369.28

Date of Receipt **07 / 17 / 2020**  
**Transaction ID : 2020071719415-53**  
 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 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, Tax & Asst Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 369.28

Date of Receipt **07 / 31 / 2020**  
**Transaction ID : 2020073119454-53**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.24
<b>TOTAL</b> 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 34
	<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. Clark, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7401 Beaufont Springs Dr  
 Ste 400  
 City North Chesterfield State VA Zip Code 23225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **07 / 03 / 2020**  
**Transaction ID : 2020070319415-58**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Clark, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7401 Beaufont Springs Dr  
 Ste 400  
 City North Chesterfield State VA Zip Code 23225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **07 / 17 / 2020**  
**Transaction ID : 2020071719415-59**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Clark, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7401 Beaufont Springs Dr  
 Ste 400  
 City North Chesterfield State VA Zip Code 23225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **07 / 31 / 2020**  
**Transaction ID : 2020073119454-59**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 34
	<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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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. 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) Chief Investment Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **07 / 03 / 2020**  
**Transaction ID : 2020070319415-73**  
 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) Chief Investment Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **07 / 17 / 2020**  
**Transaction ID : 2020071719415-74**  
 Amount of Each Receipt this Period 19.23  
 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) Chief Investment Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **07 / 31 / 2020**  
**Transaction ID : 2020073119454-74**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> 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 34
	<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**

**A. Gaudet, Gordon, , ,**  
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 Innovation Officer
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2020

**Transaction ID : 2020070319415-66**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Gaudet, Gordon, , ,**  
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 Innovation Officer
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2020

**Transaction ID : 2020071719415-67**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Gaudet, Gordon, , ,**  
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 Innovation Officer
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2020

**Transaction ID : 2020073119454-67**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 34
<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. Hall, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3426 Toringdon Way  
 Ste 200  
 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, C/L Chief Operat Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 03 / 2020  
**Transaction ID : 2020070319415-22**  
 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 3426 Toringdon Way  
 Ste 200  
 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, C/L Chief Operat Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 17 / 2020  
**Transaction ID : 2020071719415-22**  
 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 3426 Toringdon Way  
 Ste 200  
 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, C/L Chief Operat Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 31 / 2020  
**Transaction ID : 2020073119454-22**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 34
	<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**

**A. Harris, Christie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3426 Toringdon Way  
 Ste 200  
 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 ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2020  
**Transaction ID : 2020070319415-68**  
 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 3426 Toringdon Way  
 Ste 200  
 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 ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2020  
**Transaction ID : 2020071719415-69**  
 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 3426 Toringdon Way  
 Ste 200  
 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 ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2020  
**Transaction ID : 2020073119454-69**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 34
<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. 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 ▼ 307.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2020  
**Transaction ID : 2020070319415-72**  
 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 ▼ 307.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2020  
**Transaction ID : 2020071719415-73**  
 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 ▼ 307.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2020  
**Transaction ID : 2020073119454-73**  
 Amount of Each Receipt this Period  
 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> 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 34
	<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. 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 ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2020  
**Transaction ID : 2020070319415-5**  
 Amount of Each Receipt this Period  
 20.00  
 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 ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2020  
**Transaction ID : 2020071719415-5**  
 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 ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2020  
**Transaction ID : 2020073119454-5**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 34
<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**

**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 ▼ 1600.00

Date of Receipt **07 / 03 / 2020**  
**Transaction ID : 2020070319415-46**  
 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 ▼ 1600.00

Date of Receipt **07 / 17 / 2020**  
**Transaction ID : 2020071719415-47**  
 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 ▼ 1600.00

Date of Receipt **07 / 31 / 2020**  
**Transaction ID : 2020073119454-47**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 22 OF 34
	<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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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 3426 Toringdon Way  
 Ste 200  
 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 ▼ 320.00

Date of Receipt 07 / 03 / 2020  
**Transaction ID : 2020070319415-84**  
 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 3426 Toringdon Way  
 Ste 200  
 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 ▼ 320.00

Date of Receipt 07 / 17 / 2020  
**Transaction ID : 2020071719415-85**  
 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 3426 Toringdon Way  
 Ste 200  
 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 ▼ 320.00

Date of Receipt 07 / 31 / 2020  
**Transaction ID : 2020073119454-85**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 34
	<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. 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, Small Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 03 / 2020  
**Transaction ID : 2020070319415-38**  
 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, Small Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 17 / 2020  
**Transaction ID : 2020071719415-39**  
 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, Small Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2020  
**Transaction ID : 2020073119454-39**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 34
<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. 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 ▼ 480.00

Date of Receipt **07 / 03 / 2020**  
**Transaction ID : 2020070319415-31**  
 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 ▼ 480.00

Date of Receipt **07 / 17 / 2020**  
**Transaction ID : 2020071719415-32**  
 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 ▼ 480.00

Date of Receipt **07 / 31 / 2020**  
**Transaction ID : 2020073119454-32**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 34
	<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. 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 Enterprise Arch & Inf  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 07 / 03 / 2020  
**Transaction ID : 2020070319415-45**  
 Amount of Each Receipt this Period 40.00  
 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 Enterprise Arch & Inf  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 07 / 17 / 2020  
**Transaction ID : 2020071719415-46**  
 Amount of Each Receipt this Period 40.00  
 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 Enterprise Arch & Inf  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 07 / 31 / 2020  
**Transaction ID : 2020073119454-46**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 34
	<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. Oosten, Melinda, , ,**  
 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, Personal Lines Pricin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 03 / 2020**  
**Transaction ID : 2020070319415-62**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Oosten, Melinda, , ,**  
 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, Personal Lines Pricin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 17 / 2020**  
**Transaction ID : 2020071719415-63**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Oosten, Melinda, , ,**  
 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, Personal Lines Pricin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 31 / 2020**  
**Transaction ID : 2020073119454-63**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 34
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Orecchio, Maria, , ,**

Mailing Address 40 Wantage Ave

City Branchville	State NJ	Zip Code 07890
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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 ▼  
1230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2020

**Transaction ID : 2020070319415-70**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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 ▼  
1230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2020

**Transaction ID : 2020071719415-71**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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 ▼  
1230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2020

**Transaction ID : 2020073119454-71**

Amount of Each Receipt this Period  
76.93

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.79
<b>TOTAL</b> 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 34
	<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. Passman, Steven, , ,**  
 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, Assistant General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2020  
**Transaction ID : 2020070319415-21**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**B. Passman, Steven, , ,**  
 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, Assistant General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2020  
**Transaction ID : 2020071719415-21**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**C. Passman, Steven, , ,**  
 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, Assistant General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2020  
**Transaction ID : 2020073119454-21**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> 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 34
	<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. Patrickio, Joseph, , ,**  
 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, Infrastructure Eng.  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 307.68

Date of Receipt 07 / 03 / 2020  
**Transaction ID : 2020070319415-76**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Patrickio, Joseph, , ,**  
 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, Infrastructure Eng.  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 307.68

Date of Receipt 07 / 17 / 2020  
**Transaction ID : 2020071719415-77**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Patrickio, Joseph, , ,**  
 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, Infrastructure Eng.  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 307.68

Date of Receipt 07 / 31 / 2020  
**Transaction ID : 2020073119454-77**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> 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 34
	<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. 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2020  
**Transaction ID : 2020070319415-30**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2020  
**Transaction ID : 2020071719415-31**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2020  
**Transaction ID : 2020073119454-31**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 34
	<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. 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 ▼ 400.00

Date of Receipt 07 / 03 / 2020  
**Transaction ID : 2020070319415-10**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 400.00

Date of Receipt 07 / 17 / 2020  
**Transaction ID : 2020071719415-10**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 400.00

Date of Receipt 07 / 31 / 2020  
**Transaction ID : 2020073119454-10**  
 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 32 OF 34
<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. 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2020  
**Transaction ID : 2020070319415-60**  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2020  
**Transaction ID : 2020071719415-61**  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2020  
**Transaction ID : 2020073119454-61**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3073.86



**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. Himes For Congress**

Mailing Address 857 Post Rd  
# 312

City  
Fairfield

State  
CT

Zip Code  
06824

Purpose of Disbursement  
2020 Convention

Category/  
Type

Candidate Name

**Himes, James, Andrew, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: CT District: 04

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 57ACCCC023**

Amount of Each Disbursement this Period

Memo Item

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

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

# 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. Pennsylvania Insurance PAC (PIPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2020

Mailing Address 1600 Market Street  
Suite 1720

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Nonfederal Contribution

011
Category/ Type

FEC Identification Number

C
Transaction ID : 2AFA0CE4FF
Amount of Each Disbursement this Period
5000.00

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C
Amount of Each Disbursement this Period
<input type="checkbox"/> Memo Item

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C
Amount of Each Disbursement this Period
<input type="checkbox"/> Memo Item

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

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

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

5000.00
5000.00