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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auti	nonzea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Selective Insurance Co	ompany of America P	olitical Action Committ	ee
ADDRESS (number and street)	40 Wantage Ave		
▼ Check if different			
than previously reported. (ACC)	Branchville		NJ 07890
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00550889		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) x May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (C		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (C	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	Floatio	n on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on	in the State of
5. Covering Period 04		through 04	30 2020
I certify that I have examined th	is Report and to the best of Beck, Jeffrey, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer Beck,	Jeffrey, , ,	[Electronically Filed]	Date 05 / 08 / 2020
NOTE: Submission of false, errone	eous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

04 01 2020 04 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 54532.64 January 1, 2020 (b) Cash on Hand at 52018.37 Beginning of Reporting Period..... 2138.78 13624.51 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 54157.15 68157.15 6(a) and 6(c) for Column B)..... 2000.00 16000.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 52157.15 52157.15 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

01 2020 04 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1505.78 8291.95 (i) Itemized (use Schedule A)..... 633.00 5332.56 (ii) Unitemized (iii) TOTAL (add 13624.51 2138.78 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 13624.51 2138.78 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))....... 13624.51 2138.78 20. Total Federal Receipts 2138.78 13624.51 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	11 1	Calcinati I dal 10 Dato		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	0.00			
and Other Political Committees	1000.00	2500.00		
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
		0.00		
Loan Repayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	2500.00		
(b) Political Party Committees	200	0.00		
(b) Political Party Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2500.00		
•	4 4 4	4 4		
Other Disbursements (Including Non-Federal Donations)	1000.00	11000.00		
,	4 4	4 4		
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity	(20))			
(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	200	0.00		
(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2000.00	16000.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	2000.00	16000.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 2138.78 13624.51 (from Line 11(d), page 3) 34. Total Contribution Refunds 2500.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 11124.51 2138.78 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36)

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

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Selective Insurance Company of America Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Adams, Charles, , , Date of Receipt Mailing Address 1275 Glenlivet Dr Ste 200 2020 City State Zip Code Transaction ID: 2020042419415-7 PA Allentown 18106 Amount of Each Receipt this Period FEC ID number of contributing C 23.08 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP, Regional Manager Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 207.72 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Anderson, Allen, , , Date of Receipt Mailing Address 40 Wantage Ave 04 10 2020 City State Zip Code Transaction ID: 2020041019415-50 Branchville NJ 07890 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America SVP, Chief UW Officer P/L Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346.14 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Anderson, Allen, , , Date of Receipt Mailing Address 40 Wantage Ave 24 2020 City Zip Code State Transaction ID: 2020042419415-50 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America SVP, Chief UW Officer P/L Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 7 OF 16 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Selective Insurance Company of America Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beck, Jeffrey, , , Date of Receipt Mailing Address 40 Wantage Ave 10 2020 City Zip Code State Transaction ID: 2020041019415-53 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing C 76.92 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP, Govt & Regulatory Af Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beck, Jeffrey, , , Date of Receipt Mailing Address 40 Wantage Ave 04 2020 City State Zip Code Transaction ID: 2020042419415-53 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America SVP, Govt & Regulatory Af Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 692.28 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Chakravarthi, Sarita, , , Date of Receipt Mailing Address 40 Wantage Ave 24 2020 City Zip Code State Transaction ID: 2020042419415-52 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing C 23.08 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America SVP, Tax & Asst Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 207.72 Other (specify) 176.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Selective Insurance Company of America Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Clark, Thomas, , , Date of Receipt Mailing Address 7401 Beaufont Springs Dr Ste 400 10 2020 City Zip Code State Transaction ID: 2020041019415-58 VA North Chesterfield 23225 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP, Claims General Couns Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clark, Thomas, , , Date of Receipt Mailing Address 7401 Beaufont Springs Dr 04 2020 Ste 400 City State Zip Code Transaction ID: 2020042419415-58 North Chesterfield VA 23225 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America SVP, Claims General Couns Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gaudet, Gordon, , , Date of Receipt Mailing Address 40 Wantage Ave 10 2020 City Zip Code State Transaction ID: 2020041019415-66 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America Chief Innovation Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Selective Insurance Company of America Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gaudet, Gordon, , , Date of Receipt Mailing Address 40 Wantage Ave 2020 City Zip Code State Transaction ID: 2020042419415-66 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Innovation Officer Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hall, Brenda, , , Date of Receipt Mailing Address 3426 Toringdon Way 04 10 2020 Ste 200 City State Zip Code Transaction ID: 2020041019415-22 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America EVP, C/L Chief Operat Off Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hall, Brenda, , , Date of Receipt Mailing Address 3426 Toringdon Way 24 2020 Ste 200 City State Zip Code Transaction ID: 2020042419415-22 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America EVP, C/L Chief Operat Off Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Selective Insurance Company of America Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Harris, Christie, , , Date of Receipt Mailing Address 3426 Toringdon Way Ste 200 10 2020 City State Zip Code Transaction ID: 2020041019415-68 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP, Claims LOB Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Harris, Christie, , , Date of Receipt Mailing Address 3426 Toringdon Way 04 2020 Ste 200 City State Zip Code Transaction ID: 2020042419415-68 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America VP, Claims LOB Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lanza, Michael, , , Date of Receipt Mailing Address 40 Wantage Ave 10 2020 City Zip Code State Transaction ID: 2020041019415-46 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America EVP, General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 160.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Selective Insurance Company of America Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lanza, Michael, , , Date of Receipt Mailing Address 40 Wantage Ave 2020 City Zip Code State Transaction ID: 2020042419415-46 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) EVP, General Counsel Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mazzarella, Michael, , , Date of Receipt Mailing Address 40 Wantage Ave 04 10 2020 City State Zip Code Transaction ID: 2020041019415-31 Branchville NJ 07890 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America VP, Commercial LOB Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mazzarella, Michael, , , Date of Receipt Mailing Address 40 Wantage Ave 24 2020 City Zip Code State Transaction ID: 2020042419415-31 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America VP, Commercial LOB Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 160.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Selective Insurance Company of America Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McKenna, Robert, , , Date of Receipt Mailing Address 40 Wantage Ave 10 2020 City Zip Code State Transaction ID: 2020041019415-45 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP Enterprise Arch & Inf Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McKenna, Robert, , , Date of Receipt Mailing Address 40 Wantage Ave 04 2020 City State Zip Code Transaction ID: 2020042419415-45 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America SVP Enterprise Arch & Inf Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Oosten, Melinda, , , Date of Receipt Mailing Address 40 Wantage Ave 24 2020 City Zip Code State Transaction ID: 2020042419415-62 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America VP, Personal Lines Pricin Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 16 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Selective Insurance Company of America Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Orecchio, Maria, , , Date of Receipt Mailing Address 40 Wantage Ave 10 2020 City Zip Code State Transaction ID: 2020041019415-70 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing C 76.93 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP, Deputy General Couns Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 692.37 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Orecchio, Maria, , , Date of Receipt Mailing Address 40 Wantage Ave 04 2020 City State Zip Code Transaction ID: 2020042419415-70 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing 76.93 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America SVP, Deputy General Couns Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 692.37 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Purnell, Thomas, , , Date of Receipt Mailing Address 40 Wantage Ave 24 2020 City Zip Code State Transaction ID: 2020042419415-30 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America SVP, Regional Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 178.86 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Selective Insurance Company of America Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sarisky, Brian, , , Date of Receipt Mailing Address 40 Wantage Ave 2020 City Zip Code State Transaction ID: 2020042419415-10 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief UW Officer, CL Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Senia, Vincent, , , Date of Receipt Mailing Address 40 Wantage Ave 04 10 2020 City State Zip Code Transaction ID: 2020041019415-60 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America EVP, Chief Actuary Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Senia, Vincent, , , Date of Receipt Mailing Address 40 Wantage Ave 24 2020 City Zip Code State Transaction ID: 2020042419415-60 NJ Branchville 07890 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Selective Insurance Company of America EVP, Chief Actuary Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 125.00 SUBTOTAL of Receipts This Page (optional)..... 1505.78 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 OF 16								
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (check			(check only one)						
		Summary Page			22 28b	23 28c		:7 30b			
Any information copied from such Reports and State	 ements may n	not be sold or use									
or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)											
Selective Insurance Company of A	America F	Political Acti	on Com	mittee							
Full Name (Last, First, Middle Initial)					Data of Dishuras mant						
A. Hoyer's Majority Fund				Da	Date of Disbursement						
Mailing Address 700 13th St NW Ste 600					04 21 2020						
City	State	Zip Code		FE	FEC Identification Number						
Washington Purpose of Disbursement	DC	20005				0054000		7			
2020 Contribution			011			0051300					
Candidate Name			Category	/ Ar			ID: B8628939F4 Disbursement th				
Hoyer's Majority Fund			Type								
	ement For: 2					7	100	00.00			
Senate President	Primary Other (spec	General									
State: District:	Cuioi (opoc	Contribution			Mem	o Item					
Full Name (Last, First, Middle Initial)											
B.				Da	ate of	Disburse	ment				
Mailing Address					1 = М	/ D	D / Y Y	Y			
Mailing Address					_						
City	State	Zip Code		FE	C Ide	ntification	n Number				
Purpose of Disbursement					-	-		7			
Talpood of Biobalooment					<u> </u>						
Candidate Name			Category	/ Ar	Amount of Each Disbursement this Period						
			Type								
	ement For:	Camanal									
Senate President	Primary Other (spec	General									
State: District:	Carlor (opeo	,			Mem	o Item					
Full Name (Last, First, Middle Initial)											
C.				Da	ate of	Disburse	ment				
Mailing Address					1 = M	/ D	D / Y Y	Y Y			
Mailing Address											
City	State	Zip Code		FE	C Ide	ntification	n Number				
Purpose of Disbursement					-			7			
Tulpose of Disbursement					<u> </u>						
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SCHEDULE B (FEC Form 3X)	Use separate	schedulo(s)	FOR LINE NUMBER: PAGE 16 OF					
TEMIZED DISBURSEMENTS	for each cate Detailed Sum	gory of the	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)	e and address	or arry politica	ai committee to	Solicit Contributions from Such Committee.				
Selective Insurance Company of Ar	merica Pol	itical Actio	on Committ	tee				
Full Name (Last, First, Middle Initial) A. Matt Lehman for State Representat	tive			Date of Disbursement				
Mailing Address 663 Lehman Street				04 24 2020				
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