Image# 202009099267124214			_		PAGE 1 / 25
	PORT OF I ND DISBUR Other Than An Auth	SEMENT	S	Office U	Jse Only
1. NAME OF TYP COMMITTEE (in full)	e or print ▼	Example: If typ over the lines.	ning, type	2FE4M5	
Selective Insurance Comp	pany of America Po	blitical Action			
ADDRESS (number and street)) Wantage Ave				
Check if different than previously reported. (ACC)	ranchville			NJ 0789	0, - , , ,
2. FEC IDENTIFICATION NUMB	ER ▼ CITY	· · · · · · · · · · · · · · · · · · ·	ST/		
C C00550889	3. IS RE	THIS PORT	NEW (N) OR	AMENDED (A)	
 (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 	Report Due On: Mar 2	20 (M2)	(12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Y Y Y Runoff (30R)	in the State of Special (30S)
(TER)	Election	Y	M M /		in the State of
5. Covering Period 08 I certify that I have examined this Re B Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous,	eck, Jeffrey, , ,	[Electronica	lly Filed] Date	correct and comple	9 / Y Y Y Y 2020
Office Use Only				FEC	C FORM 3X Rev. 05/2016

09/09/2020 10 : 20 PAGE 1 / 25

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

Selective Insurance Company of America Political Action Committee

R	eport Covering the Period: From: 08	M / D D / Y Y Y Y 3 01 2020 To	. 08 / D D / Y Y Y Y 31 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		54532.64
	(b) Cash on Hand at Beginning of Reporting Period	44065.96	
	(c) Total Receipts (from Line 19)	2253.58	28286.90
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	46319.54	82819.54
7.	Total Disbursements (from Line 31)	1000.00	37500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45319.54	45319.54
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

R	eport Covering the Period: From:	/ 01 / 2020 To	b: 08 / 0 0 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	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	2118.47	00005.07
	(i) Itemized (use Schedule A)	2110.47	22365.07
	(ii) Unitemized	135.11	5921.83
	(iii) TOTAL (add	2050 50	29296.00
	Lines 11(a)(i) and (ii)	2253.58	28286.90
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	2253.58	28286.90
10	Totals to Line 33, page 5)►	4 4	
12.	Party Committees	0.00	0.00
	·,		
13.	All Loans Received	0.00	0.00
		0.00	0.00
	Loan Repayments Received	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
	Г	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
10			
19.	Total Receipts (add Lines 11(d),	2252 59	28286.90
	12, 13, 14, 15, 16, 17, and 18(c))▶	2253.58	20200.90
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	2253.58	28286.90

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 13500.00 and Other Political Committees... 1000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 2500.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (c) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 2500.00 29. Other Disbursements (Including Non-Federal Donations)..... 21500.00 0.00 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 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 1000.00 37500.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 1000.00 37500.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

				2253.58	
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				0.00	
			-7-		
				2253.58	
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				0.00	
	7		7	0.00	
				0.00	
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				0.00	
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1.00							
							28286.90
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							2500.00
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- E							0.00
			-			-	0.00
							0.00
			-7-			-7-	0.00
- 75		-					
	_		_	_			0.00
- L.			-7-			-7-	

Page 5

COLUMN B Calendar Year-to-Date

FOR LINE NUMBER:

PAGE 6 OF

	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions te to solicit contributions from such committee.				
Selective Insurance Company	y of Americ	a Political Action Com	mittee				
Full Name of Individual (Last, First, Middle Adams, Charles, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 1275 Glenlivet Dr Ste 200			08 / D D / Y Y Y Y 2020				
City Allentown	State PA	Zip Code 18106	Transaction ID : 2020081419454-7 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		23.08				
Name of Employer (for Individual) Selective Insurance Company of America Receipt For: Primary General	SVF	upation (for Individual) P, Regional Manager Year-to-Date ▼	Memo Item				
Uther (specify) ▼ Full Name of Individual (Last, First, Middle	Initial) or Full O	415.44					
B. Adams, Charles, , , Mailing Address 1275 Glenlivet Dr Ste 200	·		Date of Receipt				
City Allentown	State PA	Zip Code 18106	Transaction ID : 2020082819415-7 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		23.08				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Regional Manager	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 415.44]				
Full Name of Individual (Last, First, Middle C. Albert, Shadi, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 40 Wantage Ave			08 / D D / Y Y Y Y 2020				
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020081419454-66 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		19.23				
Name of Employer (for Individual) Selective Insurance Company of America Receipt For:		upation (for Individual) 9, Ins Strat & Bus Dev	Memo Item				
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.14]				
SUBTOTAL of Receipts This Page (optional)			65.39				
TOTAL This Period (last page this line numb	per only)						

FOR LINE NUMBER:

PAGE 7 OF

		Use separate schedule(s)			(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>	
Any information copied from such Reports and s										
or for commercial purposes, other than using the	e name and a	adress of any political committee	e to soli	cit con	tridi	utions t	rom sucr	n committ	ee.	
NAME OF COMMITTEE (In Full) Selective Insurance Company of	of Americ	a Political Action Comr	nittee							
Full Name of Individual (Last, First, Middle In Albert, Shadi, , ,	iitial) or Full C	organization Name	D	ate of	Ree	ceipt				
Mailing Address 40 Wantage Ave				м м 08	/	28) / Y	y y 2020	Y	
City Branchville	State NJ	Zip Code 07890						819415-6 his Period	6	
FEC ID number of contributing federal political committee.	C					<u>, , , , , , , , , , , , , , , , , , , </u>		19.3	23	
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Ins Strat & Bus Dev		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.14	1							
Full Name of Individual (Last, First, Middle In B. Anderson, Allen, , ,	nitial) or Full C	organization Name		ate of	Red	ceipt				
Mailing Address 40 Wantage Ave			_	M M M	/	D D D 14	/ Y	2020	Y	
City Branchville	State NJ	Zip Code 07890						419454-5 his Period	1	
FEC ID number of contributing federal political committee.	С					y		38.4	46	
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Chief UW Officer P/L	1	Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.28]							
Full Name of Individual (Last, First, Middle In C. Anderson, Allen, , ,	nitial) or Full C	organization Name		ate of	Ree	ceipt				
Mailing Address 40 Wantage Ave				м м 08	/	D D D 28) / Y	y y 2020	Y	
City Branchville	State NJ	Zip Code 07890	A					2819415-5 nis Period	1	
FEC ID number of contributing federal political committee.	С		ļ			y :	, ,	38.4	46	
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Chief UW Officer P/L		Me	emo	ltem				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.28	1							
SUBTOTAL of Receipts This Page (optional)						, .		96. ⁻	15	
TOTAL This Period (last page this line number	only)		Ī			,				

FOR LINE NUMBER:

PAGE 8 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from sur or for commercial purposes, oth	ch Reports and Statements ma er than using the name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Selective Insurance		a Political Action Comr	nittee
Full Name of Individual (Last Beal, Jamie, , , Mailing Address 40 Wantage City Branchville FEC ID number of contributin federal political committee. Name of Employer (for Indivi Selective Insurance Company	ng C dual) Occ	Zip Code 07890 upation (for Individual) Director of Communica	Date of Receipt 08 14 2020 Transaction ID : 2020081419454-76 Amount of Each Receipt this Period 20.00 Memo Item
Receipt For: Primary Gene Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]
Full Name of Individual (Last B. Beal, Jamie, , , Mailing Address 40 Wantage	, First, Middle Initial) or Full C Ave	rganization Name	Date of Receipt
City Branchville FEC ID number of contributin federal political committee.	State NJ C	Zip Code 07890	Transaction ID : 2020082819415-76 Amount of Each Receipt this Period 20.00
Name of Employer (for Indiv Selective Insurance Company	at A sector	upation (for Individual) Director of Communica	Memo Item
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 360.00]
c. Beck, Jeffrey, , ,	, First, Middle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 40 Wantage	Ave State	Zip Code	08 / 14 2020
Branchville	NJ	07890	Transaction ID : 2020081419454-54 Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	C		76.92
Name of Employer (for Individual Selective Insurance Company Receipt For: Primary Gene Other (specify)	v of America SVF Aggregate	upation (for Individual) P, Govt & Regulatory Af Year-to-Date ▼ 1384.56	Memo Item
SUBTOTAL of Receipts This F	age (optional)		116.92
TOTAL This Period (last page	this line number only)	· · · · · · · · · · · · · · · · · · ·	

FOR LINE NUMBER:

PAGE

9 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11c 12	_ _		
Any information copied from such Report or for commercial purposes, other than				purpose of soli				
NAME OF COMMITTEE (In Full)	using the name and a	duress of any political committee						
Selective Insurance Com	pany of America	a Political Action Com	mittee					
Full Name of Individual (Last, First, N Beck, Jeffrey, , ,	/liddle Initial) or Full O	rganization Name	Date of	Receipt				
Mailing Address 40 Wantage Ave			м м 08	/ D D /	2020	Y		
City Branchville	State NJ	Zip Code 07890		action ID : 202 of Each Rece				
FEC ID number of contributing federal political committee.	C				76	.92		
Name of Employer (for Individual) Selective Insurance Company of Amer		ipation (for Individual) , Govt & Regulatory Af	M	emo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.56]					
Full Name of Individual (Last, First, N B. Bennett, Cyndi, , ,	liddle Initial) or Full O	rganization Name	Date of	Receipt				
Mailing Address 40 Wantage Ave			08	/ D D /	2020	Y		
City Branchville	State NJ	Zip Code 07890		action ID : 202 : of Each Rece				
FEC ID number of contributing federal political committee.	C					.00		
Name of Employer (for Individual) Selective Insurance Company of Amer		upation (for Individual) Compensation & Benefi	M	emo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]					
Full Name of Individual (Last, First, N C. Bennett, Cyndi, , ,	/liddle Initial) or Full Or	rganization Name	Date of	Receipt				
Mailing Address 40 Wantage Ave			M M 08	/ D D /	2020 Y	Y		
City Branchville	State NJ	Zip Code 07890		action ID : 202 of Each Rece				
FEC ID number of contributing federal political committee.	C			. ,	20	.00		
Name of Employer (for Individual) Selective Insurance Company of Amer		ipation (for Individual) Compensation & Benefi	M	emo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]					
SUBTOTAL of Receipts This Page (opi	ional)				116	.92		
TOTAL This Period (last page this line	number only)							

FOR LINE NUMBER:

PAGE 10 OF

	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	g the name and a	ddress of any political committe	person for the purpose of soliciting contributions to solicit contributions from such committee.					
Full Name of Individual (Last, First, Middl Bresney, John, , , Mailing Address 40 Wantage Ave	e Initial) or Full O	rganization Name	Date of Receipt					
City Branchville	State NJ	Zip Code 07890	08 14 2020 Transaction ID : 2020081419454-35 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		19.23					
Name of Employer (for Individual) Selective Insurance Company of America Receipt For: Primary General Other (specify) ▼	EVF	upation (for Individual) P, Chief Information Of Year-to-Date ▼ 403.83	Memo Item					
Full Name of Individual (Last, First, Middl B. Bresney, John, , , Mailing Address 40 Wantage Ave	e Initial) or Full O	rganization Name	Date of Receipt					
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020082819415-35 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Chief Information Of	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 403.83]					
Full Name of Individual (Last, First, Middl Chakravarthi, Sarita, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 40 Wantage Ave			M M / D D / Y Y Y Y 08 14 2020					
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020081419454-53 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		23.08					
Name of Employer (for Individual) Selective Insurance Company of America Receipt For: Primary General Other (specify)	SVP	upation (for Individual) p, Tax & Asst Treasurer Year-to-Date ▼ 415.44	Memo Item					
SUBTOTAL of Receipts This Page (optiona	l)		119.23					
TOTAL This Period (last page this line num	ber only)							

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

PAGE 11 OF

		Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1				
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
Selective Insurance Company	of Americ	a Political Action Com	nittee				
Full Name of Individual (Last, First, Middle I Chakravarthi, Sarita, , ,	nitial) or Full C	rganization Name	Date of Receipt				
Mailing Address 40 Wantage Ave			M M / D D / Y Y Y Y 08 28 2020				
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020082819415-53 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		23.08				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Tax & Asst Treasurer	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 415.44]				
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name					
B. Clark, Thomas, , , Mailing Address 7401 Beaufont Springs Dr Ste 400			Date of Receipt				
City North Chasterfield	State VA	Zip Code 23225	Transaction ID : 2020081419454-59				
North Chesterfield FEC ID number of contributing	_	23225	Amount of Each Receipt this Period				
federal political committee.	С		50.00				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Claims General Couns	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		, 900.00					
Full Name of Individual (Last, First, Middle In Clark, Thomas, , ,	nitial) or Full C	rganization Name	Date of Receipt				
Mailing Address 7401 Beaufont Springs Dr Ste 400			08 / D D / Y Y Y Y 2020				
City North Chesterfield	State VA	Zip Code 23225	Transaction ID : 2020082819415-59 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) 9, Claims General Couns	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00]				
SUBTOTAL of Receipts This Page (optional)			123.08				
TOTAL This Period (last page this line numbe	er only)						

FOR LINE NUMBER:

PAGE 12 OF

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)						
11			for each category of the Detailed Summary Page		¥ 11a 13		11b	11c 15	12	г	17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma name and a	L ay not be sold or used by any p ddress of any political committee	erson e to s	for the	pur ntrib	pose of	soliciting	, contri	ibutic	ns
	NAME OF COMMITTEE (In Full)										
\rangle	Selective Insurance Company of	of America	a Political Action Comr	nitte	e						
Α.	Full Name of Individual (Last, First, Middle In Eppers, Joseph, , ,	itial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 10 Waterside Dr Ste 306				08	/	D D D 14	/ Y	y 2020	ү ү 0	
	City Farmington	State CT	Zip Code 06032				-	2020081 eceipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>			-		19.23	3
	Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) ef Investment Officer		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.14]							
B	Full Name of Individual (Last, First, Middle In Eppers, Joseph, , ,	itial) or Full O	rganization Name		Date of	f Re	eceint				
0.	Mailing Address 10 Waterside Dr Ste 306				08	/	28	/ Y	y 2020	Y Y)	
	City	State	Zip Code		Trans	acti	ion ID : 2	2020082	81941	5-74	
	Farmington	СТ	06032	_	Amoun	t of	Each R	eceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	С					-			19.23	}
	Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) ef Investment Officer		Μ	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.14]							
с.	Full Name of Individual (Last, First, Middle In Gaudet, Gordon, , ,	itial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 40 Wantage Ave				08	/	D D 14	/ Y	2020		
	City Branchville	State NJ	Zip Code 07890					2020081 eceipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		1(00.00)
	Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) f Innovation Officer		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1800.00]							
s	UBTOTAL of Receipts This Page (optional)		•	•	<u> </u>	_	, .	, ,	13	38.46	
Т	OTAL This Period (last page this line number	only)		•			-			-	_

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	४ 11a ☐ 11b ☐ 11c ☐ 12							
Any information copied from such Reports and	Statemonto m	, ,	13 14 15 16 17							
or for commercial purposes, other than using th										
NAME OF COMMITTEE (In Full)										
Selective Insurance Company	of Americ	a Political Action Comr	nittee							
Full Name of Individual (Last, First, Middle I Gaudet, Gordon, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 40 Wantage Ave			08 28 2020							
City	State NJ	Zip Code	Transaction ID : 2020082819415-67							
Branchville	UNU	07890	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) ef Innovation Officer	Memo Item							
Receipt For:		Year-to-Date ▼	-							
Primary General Other (specify) ▼		1800.00								
Full Name of Individual (Last, First, Middle I B. Hall, Brenda, , ,	nitial) or Full C	Prganization Name	Date of Receipt							
Mailing Address 3426 Toringdon Way Ste 200			08 14 2020							
City	State	Zip Code	Transaction ID : 2020081419454-22							
Charlotte	NC	28277	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, C/L Chief Operat Off	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		, 1800.00								
Full Name of Individual (Last, First, Middle I C. Hall, Brenda, , ,	nitial) or Full C	Prganization Name	Date of Receipt							
Mailing Address 3426 Toringdon Way Ste 200			M M / D D / Y Y Y Y 08 28 2020							
City	State	Zip Code	Transaction ID : 2020082819415-22							
Charlotte	NC	28277	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Selective Insurance Company of America		P, C/L Chief Operat Off	_							
Receipt For:	Aggregate	Year-to-Date V								
Primary General			1							
Other (specify)		1800.00								
SUBTOTAL of Receipts This Page (optional)			300.00							
TOTAL This Period (last page this line numbe	r only)	•								

FOR LINE NUMBER:

PAGE 14 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c							
Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)	the name and a	duress of any pointear committee		ch committee.						
Selective Insurance Company	of Americ	a Political Action Com	nittee							
Full Name of Individual (Last, First, Middle A. Harris, Christie, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 3426 Toringdon Way Ste 200			08 / D D / 14	Y Y Y Y 2020						
City Charlotte	State NC	Zip Code 28277	Transaction ID : 202008 Amount of Each Receipt							
FEC ID number of contributing federal political committee.	С			30.00						
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Claims LOB	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00								
Full Name of Individual (Last, First, Middle B. Harris, Christie, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 3426 Toringdon Way Ste 200			08 / D D / 28	Y Y Y Y 2020						
City Charlotte	State NC	Zip Code 28277	Transaction ID : 202008 Amount of Each Receipt							
FEC ID number of contributing federal political committee.	С		· · · · · ·	30.00						
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Claims LOB	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00								
Full Name of Individual (Last, First, Middle C. Hollander, Martin, , ,	Initial) or Full C	Prganization Name	Date of Receipt							
Mailing Address 40 Wantage Ave			08 / D / 14	Y Y Y Y 2020						
City Branchville	State NJ	Zip Code 07890	Transaction ID : 20200 Amount of Each Receipt							
FEC ID number of contributing federal political committee.	С			19.23						
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) 9, Chief Audit Executiv	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.14								
SUBTOTAL of Receipts This Page (optional)				79.23						
TOTAL This Period (last page this line numb	er only)									

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

PAGE 15 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
angle Selective Insurance Company	of America	a Political Action Com	nittee						
Full Name of Individual (Last, First, Middle I A. Hollander, Martin, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			M M / D D / Y Y Y Y 08 28 2020						
City	State	Zip Code	Transaction ID : 2020082819415-73						
Branchville	NJ	07890	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		19.23						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Selective Insurance Company of America	SVF	P, Chief Audit Executiv							
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) ▼		346.14	1						
			1						
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name							
B. Kikkert, Bonnie, , ,			Date of Receipt						
Mailing Address 40 Wantage Ave			08 / D D / Y Y Y Y 08 14 2020						
City	State NJ	Zip Code	Transaction ID : 2020081419454-5						
Branchville	INJ	07890	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Claims Operations & A	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Primary General		000.00	1						
Other (specify) v		360.00	1						
Full Name of Individual (Last, First, Middle I C. Kikkert, Bonnie, , ,	nitial) or Full C	Prganization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			08 28 2020						
City	State	Zip Code	Transaction ID : 2020082819415-5						
Branchville	NJ	07890	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Selective Insurance Company of America	VP,	Claims Operations & A							
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General		360.00	1						
Other (specify)		300.00	1						
SUBTOTAL of Receipts This Page (optional)			59.23						
TOTAL This Period (last page this line numbe	r only)								

FOR LINE NUMBER:

PAGE 16 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1					
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
Selective Insurance Company	of Americ	a Political Action Com	nittee					
Full Name of Individual (Last, First, Middle I A. Lanza, Michael, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 40 Wantage Ave			08 14 2020					
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020081419454-47 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) 9, General Counsel	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1800.00]					
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 40 Wantage Ave			08 28 2020					
City	State	Zip Code	Transaction ID : 2020082819415-47					
Branchville	NJ	07890	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, General Counsel	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		1800.00]					
Full Name of Individual (Last, First, Middle In Lewis, Carlos, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 3426 Toringdon Way Ste 200			08 / D D / Y Y Y Y 08 14 2020					
City Charlotte	State NC	Zip Code 28277	Transaction ID : 2020081419454-85 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		20.00					
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Reg Claims Operations	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]					
SUBTOTAL of Receipts This Page (optional)			220.00					
TOTAL This Period (last page this line numbe	r only)							

FOR LINE NUMBER:

PAGE 17 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
Selective Insurance Company	of America	a Political Action Com	nittee						
Full Name of Individual (Last, First, Middle I Lewis, Carlos, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3426 Toringdon Way Ste 200			M = M / D = D / Y = Y = Y Y 08 28 2020						
City Charlotte	State NC	Zip Code 28277	Transaction ID : 2020082819415-85 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Reg Claims Operations	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1						
Full Name of Individual (Last, First, Middle I B. Macmullin, Michael, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			08 14 2020						
City	State	Zip Code	Transaction ID : 2020081419454-39						
Branchville	NJ	07890	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Small Business	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		360.00]						
Full Name of Individual (Last, First, Middle I C. Macmullin, Michael, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			M M / D D / Y						
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020082819415-39 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Small Business	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]						
SUBTOTAL of Receipts This Page (optional)			60.00						
TOTAL This Period (last page this line numbe	er only)								

FOR LINE NUMBER:

PAGE 18 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11						
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
Selective Insurance Company	of Americ	a Political Action Com	nittee						
Full Name of Individual (Last, First, Middle I Mazzarella, Michael, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			08 14 2020						
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020081419454-32 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Commercial LOB	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00]						
Full Name of Individual (Last, First, Middle I B. Mazzarella, Michael, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			08 28 2020						
City	State	Zip Code	Transaction ID : 2020082819415-32						
Branchville	NJ	07890	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Commercial LOB	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		540.00]						
Full Name of Individual (Last, First, Middle I C. McKenna, Robert, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			08 14 2020						
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020081419454-46 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) PEnterprise Arch & Inf	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.00]						
SUBTOTAL of Receipts This Page (optional)			100.00						
TOTAL This Period (last page this line numbe	r only)								

FOR LINE NUMBER:

PAGE 19 OF

		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17					
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contribu	tions					
NAME OF COMMITTEE (In Full) Selective Insurance Company	of America	a Political Action Com	nittee						
Full Name of Individual (Last, First, Middle I A. McKenna, Robert, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			08 28 2020	Y					
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020082819415-4 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.	00					
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P Enterprise Arch & Inf	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	1						
Full Name of Individual (Last, First, Middle I 3. Oosten, Melinda, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			08 14 2020	Y					
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020081419454-6 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С			_					
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Personal Lines Pricin	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450,00]						
Full Name of Individual (Last, First, Middle I C. Oosten, Melinda, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			08 28 2020	Y					
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020082819415-6 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.	00					
Name of Employer (for Individual) Selective Insurance Company of America Receipt For:		upation (for Individual) Personal Lines Pricin	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	1						
SUBTOTAL of Receipts This Page (optional)			90.	00					
TOTAL This Period (last page this line number	er only)								

FOR LINE NUMBER:

PAGE 20 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	
Any information copied from such Reports and									
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)		duress of any political committee		ICIL CON		utions	Irom sucr	1 commu	ee.
Selective Insurance Company	of Americ	a Political Action Comr	nittee	9					
Full Name of Individual (Last, First, Middle In Orecchio, Maria, , ,	nitial) or Full C	organization Name		Date of	Re	ceipt			
Mailing Address 40 Wantage Ave				м м 08	/	D 14) / Y	ү ү 2020	Y
City Branchville	State NJ	Zip Code 07890	A			-		419454-7 is Period	1
FEC ID number of contributing federal political committee.	С			_				76.9	93
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Deputy General Couns		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.74]						
Full Name of Individual (Last, First, Middle In B. Orecchio, Maria, , ,	nitial) or Full C	organization Name		Date of	Re	ceipt			
Mailing Address 40 Wantage Ave				™ 08	/	28		2020	Y
City Branchville	State NJ	Zip Code 07890						819415-7	1
		07890		mount	OT	Each F	Receipt th	is Period	_
FEC ID number of contributing federal political committee.	C						1 - AP-	76.9	93
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Deputy General Couns		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		1384.74							
Full Name of Individual (Last, First, Middle In Passman, Steven, , ,	nitial) or Full C	organization Name		Date of	Re	ceipt			
Mailing Address 40 Wantage Ave				м м 08	/	D 14		y y 2020	Y
City Branchville	State NJ	Zip Code 07890	A					419454-2 is Period	1
FEC ID number of contributing federal political committee.	С					y	. y	15.0	00
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Assistant General Cou		Me	emo	tem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]						
SUBTOTAL of Receipts This Page (optional)						, .	. ,	168.8	36
TOTAL This Period (last page this line numbe	r only)					-			

FOR LINE NUMBER:

PAGE 21 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	\checkmark 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Selective Insurance Company of Amer	ica Political Action Comm	hittee
Selective Insurance Company of America	I Organization Name Zip Code 07890 Decupation (for Individual) /P, Assistant General Cou ate Year-to-Date ▼ 270.00	Date of Receipt
Selective Insurance Company of America	Il Organization Name Zip Code 07890 Decupation (for Individual) VP, Infrastructure Eng. ate Year-to-Date ▼ 346.14	Date of Receipt
Selective Insurance Company of America	Il Organization Name Zip Code 07890 Decupation (for Individual) /P, Infrastructure Eng. ate Year-to-Date ▼ 346.14	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		53.46

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12			
Any information copied from such Reports ar or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)		adress of any political committee		511010						
Selective Insurance Compan	y of America	a Political Action Com	mittee							
Full Name of Individual (Last, First, Middle Purnell, Thomas, , ,	e Initial) or Full O	rganization Name	Date of	of Re	ceipt					
Mailing Address 40 Wantage Ave			08	VI /	D D 14	/ Y	2020	Y		
City Branchville	State NJ	Zip Code 07890					419454-3 is Period	1		
FEC ID number of contributing federal political committee.	С				,		25.0	00		
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Regional Manager		/lemo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]							
Full Name of Individual (Last, First, Middle B. Purnell, Thomas, , ,	e Initial) or Full O	rganization Name	Date o	of Re	ceipt					
Mailing Address 40 Wantage Ave			08		28	/ Y	2020	Y		
City	State	Zip Code					819415-3 [.]	1		
Branchville	NJ	07890	Amour	nt of	Each Re	eceipt th	is Period			
FEC ID number of contributing federal political committee.	С				7		25.0	00		
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Regional Manager	N	/lemo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]							
Full Name of Individual (Last, First, Middle C. Sarisky, Brian, , ,	e Initial) or Full O	rganization Name	Date o	of Re	ceipt					
Mailing Address 40 Wantage Ave			M 08		D D 14	/ Y	2020	Y		
City Branchville	State NJ	Zip Code 07890			-		419454-1 is Period	0		
FEC ID number of contributing federal political committee.	С				, .	, <u>,</u>	25.0	00		
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) of UW Officer, CL		Nemo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00]							
SUBTOTAL of Receipts This Page (optional)				,	,	75.0	00		
TOTAL This Period (last page this line num	ber only)				,					

FOR LINE NUMBER:

PAGE 23 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11						
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)			person for the purpose of soliciting contributions						
Selective Insurance Company	of America	a Political Action Com	mittee						
Full Name of Individual (Last, First, Middle I Sarisky, Brian, , ,	nitial) or Full O	organization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			M / D / Y						
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020082819415-10 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) Selective Insurance Company of America Receipt For:	Chie	upation (for Individual) ef UW Officer, CL	Memo Item						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]						
Full Name of Individual (Last, First, Middle I B. Senia, Vincent, , ,	nitial) or Full O	organization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			08 / D / Y Y Y Y 08 14 2020						
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020081419454-61 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Chief Actuary	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00]						
Full Name of Individual (Last, First, Middle I C. Senia, Vincent, , ,	nitial) or Full O	organization Name	Date of Receipt						
Mailing Address 40 Wantage Ave			08 28 2020						
City Branchville	State NJ	Zip Code 07890	Transaction ID : 2020082819415-61 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) Selective Insurance Company of America Receipt For:	EVP	upation (for Individual) 9, Chief Actuary	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00]						
SUBTOTAL of Receipts This Page (optional)			125.00						
TOTAL This Period (last page this line numbe	r only)								

FOR LINE NUMBER:

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			Use separate schedule(s)	(che	(check only one)												
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15		2 6	17						
	formation copied from such Reports and Sta commercial purposes, other than using the				for the		pose of	soliciting	g cont	ributio	ons						
\ \	ME OF COMMITTEE (In Full) elective Insurance Company of	f America	a Political Action Com	mitte	е												
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Willenborg, John, , ,						Date of Receipt										
Ma	Mailing Address 40 Wantage Ave					M M / D D / Y Y Y Y 08 28 2020											
City Bra	y anchville	State NJ	Zip Code 07890					2020082 eceipt th									
	C ID number of contributing eral political committee.	C					-		11.54	4							
Sel	Name of Employer (for Individual)Occupation (for Individual)Selective Insurance Company of AmericaVP, Field Operations						tem										
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 207.72	1													
Ful B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name						eceipt										
	Mailing Address					/	D D	/ Y	Y	YY	Y						
City	у	State		Amoun	t of	Each R	eceipt th	nis Per	riod	-							
	C ID number of contributing eral political committee.	С															
Na	Name of Employer (for Individual) Occupation (for Individual)						Memo Item										
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	1														
Ful C.	I Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date o	f Re	eceint										
	Mailing Address					Date of Receipt											
City	y	State	Zip Code		Amount of Each Receipt this Period												
	C ID number of contributing eral political committee.				,	, j											
Na	me of Employer (for Individual)		M	lemo	o Item												
Re	ceipt For: Primary General Other (specify)		Year-to-Date ▼]													
	TOTAL of Receipts This Page (optional)						y	, y	=	11.54 18.47	+						
	AL This Period (last page this line number o	· · · y) · · · · · · · · · · · · · · ·	·····		- 1 m	1	-		1. A. A.	-	and the second second						

SCHEDULE B (FEC Form 3X)			FC	R LINE	NUMBER: PAGE 25 OF 25								
ITEMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page			rone) 22 X 23 26 27 28b 28c 29 30b								
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	ments may r me and addr	not be sold or used	l by a com	any pers mittee to	on for the purpose of soliciting contributions o solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Selective Insurance Company of A	merica F	Political Actio	n C	ommit	tee								
Full Name (Last, First, Middle Initial) A. Tina Smith For Minnesota		Date of Disbursement											
	Mailing Address PO Box 14362												
City Saint Paul	State MN	Zip Code 55114			FEC Identification Number								
Purpose of Disbursement 2020 General	0 General 011												
Candidate Name Smith, Tina, , ,	Candidate Name Category/												
Office Sought: House Disburser	Office Sought: House Disbursement For: 2020												
State: MN District:	Other (spec	cify) ▼			Memo Item								
Full Name (Last, First, Middle Initial) B.		Date of Disbursement											
Mailing Address	Mailing Address												
City	State	Zip Code			FEC Identification Number								
Purpose of Disbursement	Purpose of Disbursement												
Candidate Name		L	Cate Ty	gory/ pe	Amount of Each Disbursement this Period								
Senate	Disbursement For:												
State: District:	Other (spec	cify)			Memo Item								
Full Name (Last, First, Middle Initial)					Date of Disbursement								
Mailing Address		M M / D D / Y Y Y Y Y											
City	State	Zip Code			FEC Identification Number								
Purpose of Disbursement	C												
Candidate Name	Amount of Each Disbursement this Period												
Office Sought: House Disburser Senate													
State: District:	Other (spec	cify) ▼			Memo Item								
SUBTOTAL of Disbursements This Page (optional)				►	1000.00								
TOTAL This Period (last page this line number only)					1000.00								