

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 C C00550889 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] 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 M / D 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 M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 11 / 25 / 2014 through 12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeffrey F. Beck

Signature of Treasurer Jeffrey F. Beck [Electronically Filed] Date 01 / 29 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Selective Insurance Company of America Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="1767.30"/>	<input type="text" value="1767.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3608.36"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1441.14"/>	<input type="text" value="15282.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5049.50"/>	<input type="text" value="17049.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="12000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5049.50"/>	<input type="text" value="5049.50"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Selective Insurance Company of America Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1441.14	13166.82
(ii) Unitemized .....	0.00	2115.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1441.14	15282.20
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1441.14	15282.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1441.14	15282.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1441.14	15282.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	7000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	12000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	12000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1441.14	15282.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1441.14	15282.20
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 15
	<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**

Full Name (Last, First, Middle Initial) <b>A. Allen Anderson</b>			Date of Receipt
Mailing Address 2 Windy Brow Mnr			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : AAF3C9B252D44743BCD0</b>
Newton	NJ	07860-5381	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.46"/>
Name of Employer	Occupation		
Selective Insurance Company of America	SVP, Chief U/W Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="730.74"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Allen Anderson</b>			Date of Receipt
Mailing Address 2 Windy Brow Mnr			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : D5E823253E3E4C9B99B6</b>
Newton	NJ	07860-5381	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.46"/>
Name of Employer	Occupation		
Selective Insurance Company of America	SVP, Chief U/W Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="730.74"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Allen Anderson</b>			Date of Receipt
Mailing Address 2 Windy Brow Mnr			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 3E0529A37DA14040806C</b>
Newton	NJ	07860-5381	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.46"/>
Name of Employer	Occupation		
Selective Insurance Company of America	SVP, Chief U/W Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="730.74"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.38"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 15
	<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

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

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Beck**

Mailing Address 4 Whitefield Dr

City Lafayette Hill State PA Zip Code 19444-1648

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

Name of Employer Selective Insurance Company of America Occupation SVP, Government and Regulatory Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 11 / 28 / 2014  
**Transaction ID : A91D5FF4CDF541FD85B8**

Amount of Each Receipt this Period 76.92

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Beck**

Mailing Address 4 Whitefield Dr

City Lafayette Hill State PA Zip Code 19444-1648

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

Name of Employer Selective Insurance Company of America Occupation SVP, Government and Regulatory Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 12 / 2014  
**Transaction ID : E6ECD9F3063442B49964**

Amount of Each Receipt this Period 76.92

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Beck**

Mailing Address 4 Whitefield Dr

City Lafayette Hill State PA Zip Code 19444-1648

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

Name of Employer Selective Insurance Company of America Occupation SVP, Government and Regulatory Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 26 / 2014  
**Transaction ID : EC60AB64E2FB4A11BBCB**

Amount of Each Receipt this Period 76.92

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.76

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Kimberly Burnett</b>		Date of Receipt
Mailing Address 16 Pierce St		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Sparta	State NJ	Zip Code 07871-2711
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C7D02F9A2EAA45B8A1DF</b>
Name of Employer Selective Insurance Company of America	Occupation Executive Vice President, Human Resour	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
	<input type="text" value="440.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Kimberly Burnett</b>		Date of Receipt
Mailing Address 16 Pierce St		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Sparta	State NJ	Zip Code 07871-2711
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : F199C0D262534D9EAFD5</b>
Name of Employer Selective Insurance Company of America	Occupation Executive Vice President, Human Resour	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
	<input type="text" value="440.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Kimberly Burnett</b>		Date of Receipt
Mailing Address 16 Pierce St		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Sparta	State NJ	Zip Code 07871-2711
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : FCF57E6486294AF88D6F</b>
Name of Employer Selective Insurance Company of America	Occupation Executive Vice President, Human Resour	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
	<input type="text" value="440.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

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

Full Name (Last, First, Middle Initial) <b>A. Sarita Chakravarthi</b>		Date of Receipt MM / DD / YYYY 11 / 28 / 2014
Mailing Address 648 S Brooksvale Rd		<b>Transaction ID : DC2EEE0D7E164DBEA1F0</b>
City Cheshire	State CT	Zip Code 06410-3517
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 23.08
Name of Employer Selective Insurance Company of America	Occupation SVP, Tax & Assitant Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.08	

Full Name (Last, First, Middle Initial) <b>B. Sarita Chakravarthi</b>		Date of Receipt MM / DD / YYYY 12 / 12 / 2014
Mailing Address 648 S Brooksvale Rd		<b>Transaction ID : 10301036E44F4CFDA0A3</b>
City Cheshire	State CT	Zip Code 06410-3517
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 23.08
Name of Employer Selective Insurance Company of America	Occupation SVP, Tax & Assitant Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.08	

Full Name (Last, First, Middle Initial) <b>C. Sarita Chakravarthi</b>		Date of Receipt MM / DD / YYYY 12 / 26 / 2014
Mailing Address 648 S Brooksvale Rd		<b>Transaction ID : 3A43B2654B4B49478206</b>
City Cheshire	State CT	Zip Code 06410-3517
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 23.08
Name of Employer Selective Insurance Company of America	Occupation SVP, Tax & Assitant Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.08	

<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 10 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Thomas Clark</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2014 <b>Transaction ID : 234C9A528A3048CAB665</b>
Mailing Address 8904 Rams Crossing Ct		Amount of Each Receipt this Period 25.00
City North Chesterfield	State VA	
Zip Code 23236-1388		Aggregate Year-to-Date ▼ 650.00
FEC ID number of contributing federal political committee. C		
Name of Employer Selective Insurance Company of America	Occupation SVP, Claims General Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Thomas Clark</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014 <b>Transaction ID : A67165D5FEA94A9A8881</b>
Mailing Address 8904 Rams Crossing Ct		Amount of Each Receipt this Period 25.00
City North Chesterfield	State VA	
Zip Code 23236-1388		Aggregate Year-to-Date ▼ 650.00
FEC ID number of contributing federal political committee. C		
Name of Employer Selective Insurance Company of America	Occupation SVP, Claims General Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Thomas Clark</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2014 <b>Transaction ID : 048C8E69F4064560BB50</b>
Mailing Address 8904 Rams Crossing Ct		Amount of Each Receipt this Period 25.00
City North Chesterfield	State VA	
Zip Code 23236-1388		Aggregate Year-to-Date ▼ 650.00
FEC ID number of contributing federal political committee. C		
Name of Employer Selective Insurance Company of America	Occupation SVP, Claims General Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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 11 OF 15
	<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"/>	<input type="checkbox"/> 17

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

**A. Stephen Crosta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 54 Lee Rd  
City Livingston State NJ Zip Code 07039-4134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **961.50**

Date of Receipt **11 / 28 / 2014**  
**Transaction ID : 6DB3B5FD38304C7FA286**  
Amount of Each Receipt this Period **38.46**

**B. Stephen Crosta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 54 Lee Rd  
City Livingston State NJ Zip Code 07039-4134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **961.50**

Date of Receipt **12 / 12 / 2014**  
**Transaction ID : 40FA847F95AF4F93BC7E**  
Amount of Each Receipt this Period **38.46**

**C. Stephen Crosta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 54 Lee Rd  
City Livingston State NJ Zip Code 07039-4134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **961.50**

Date of Receipt **12 / 26 / 2014**  
**Transaction ID : A6CB52762DBC45E2B1F7**  
Amount of Each Receipt this Period **38.46**

**SUBTOTAL** of Receipts This Page (optional)..... **115.38**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 15
	<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"/>	<input type="checkbox"/> 17

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

**A. Brenda Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3407 Delamere Dr

City Matthews	State NC	Zip Code 28104-6866
------------------	-------------	------------------------

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

Name of Employer Selective Insurance Company of America	Occupation SVP, Field Underwriting
------------------------------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : 2919F762B3DD49EEBA84**

Amount of Each Receipt this Period  
50.00

**B. Brenda Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3407 Delamere Dr

City Matthews	State NC	Zip Code 28104-6866
------------------	-------------	------------------------

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

Name of Employer Selective Insurance Company of America	Occupation SVP, Field Underwriting
------------------------------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : F9FA83AD64674DA6B1D8**

Amount of Each Receipt this Period  
50.00

**C. Brenda Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3407 Delamere Dr

City Matthews	State NC	Zip Code 28104-6866
------------------	-------------	------------------------

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

Name of Employer Selective Insurance Company of America	Occupation SVP, Field Underwriting
------------------------------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : EE2E59B45C6846869F7C**

Amount of Each Receipt this Period  
50.00

<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 13 OF 15
	<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
-----------------------------	-----------------------------	-----------------------------

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. Michael Lanza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1495  
 City Sparta State NJ Zip Code 07871-5495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, General Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2600.00**

Date of Receipt **11 / 28 / 2014**  
**Transaction ID : B6811AD2C04049E380ED**  
 Amount of Each Receipt this Period **100.00**

**B. Michael Lanza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1495  
 City Sparta State NJ Zip Code 07871-5495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, General Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2600.00**

Date of Receipt **12 / 12 / 2014**  
**Transaction ID : F8A65969EE724524B14A**  
 Amount of Each Receipt this Period **100.00**

**C. Michael Lanza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1495  
 City Sparta State NJ Zip Code 07871-5495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, General Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2600.00**

Date of Receipt **12 / 26 / 2014**  
**Transaction ID : 74864DFF2FBC4ECFA2AE**  
 Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 15
	<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

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

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

Mailing Address 10029 Daufuskie Dr

City Charlotte State NC Zip Code 28278-9041

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 2F997BDBF430462C8276**

Amount of Each Receipt this Period **38.46**

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

Mailing Address 10029 Daufuskie Dr

City Charlotte State NC Zip Code 28278-9041

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt **12 / 12 / 2014**

**Transaction ID : 693F1A606DC24ED89D1A**

Amount of Each Receipt this Period **38.46**

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

Mailing Address 10029 Daufuskie Dr

City Charlotte State NC Zip Code 28278-9041

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt **12 / 26 / 2014**

**Transaction ID : 2B8A2CF9A7624A3184CB**

Amount of Each Receipt this Period **38.46**

**SUBTOTAL** of Receipts This Page (optional)..... **115.38**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 15
	<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**

Full Name (Last, First, Middle Initial) <b>A. Maria Orecchio</b>		Date of Receipt
Mailing Address 54 McKesson Hill Rd		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chappaqua	NY	10514-1631
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 311E2239D0FC4756B1CB</b>
Name of Employer Selective Insurance Company of America		Amount of Each Receipt this Period
Occupation Vice President, General Counsel		<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Maria Orecchio</b>		Date of Receipt
Mailing Address 54 McKesson Hill Rd		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chappaqua	NY	10514-1631
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 072106030435486F97C6</b>
Name of Employer Selective Insurance Company of America		Amount of Each Receipt this Period
Occupation Vice President, General Counsel		<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Maria Orecchio</b>		Date of Receipt
Mailing Address 54 McKesson Hill Rd		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chappaqua	NY	10514-1631
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 35557BB95ACD429EAF6F</b>
Name of Employer Selective Insurance Company of America		Amount of Each Receipt this Period
Occupation Vice President, General Counsel		<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="1441.14"/>