

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Selective Insurance Company of America Political Action Committee

ADDRESS (number and street) ▼

40 Wantage Ave

Check if different than previously reported. (ACC)

Branchville

NJ

07890

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00550889

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day **PRE**-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on M M 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

M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014

through

M M M / D D D / Y Y Y Y Y Y 08 / 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

M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2014

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**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="4765.32"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="960.76"/>	<input type="text" value="10958.78"/>
(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="5726.08"/>	<input type="text" value="12726.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1000.00"/>	<input type="text" value="8000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4726.08"/>	<input type="text" value="4726.08"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	680.76	9163.40
(ii) Unitemized	280.00	1795.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	960.76	10958.78
(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)	960.76	10958.78
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))..... ▶	960.76	10958.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	960.76	10958.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1000.00	3000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	8000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	8000.00

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)	960.76	10958.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	960.76	10958.78
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 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Allen Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 2 Windy Brow Mnr
City Newton State NJ Zip Code 07860-5381
FEC ID number of contributing federal political committee. **C**
Name of Employer Selective Insurance Company of America Occupation SVP, Chief U/W Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.60

Date of Receipt 08 / 08 / 2014
Transaction ID : 6B505A58CCC9489C9C24
Amount of Each Receipt this Period 384.60

B. Allen Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 2 Windy Brow Mnr
City Newton State NJ Zip Code 07860-5381
FEC ID number of contributing federal political committee. **C**
Name of Employer Selective Insurance Company of America Occupation SVP, Chief U/W Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.60

Date of Receipt 08 / 22 / 2014
Transaction ID : AAF1DEE45F794846886C
Amount of Each Receipt this Period 384.60

C. Jeffrey Beck
Full Name (Last, First, Middle Initial)
Mailing Address 4 Whitefield Dr
City Lafayette Hill State PA Zip Code 19444-1648
FEC ID number of contributing federal political committee. **C**
Name of Employer Selective Insurance Company of America Occupation SVP, Government and Regulatory Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1307.64

Date of Receipt 08 / 08 / 2014
Transaction ID : 815AA007522644B79A6E
Amount of Each Receipt this Period 76.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.84
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jeffrey Beck		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : 8E00F10964194C058335
Mailing Address 4 Whitefield Dr		Amount of Each Receipt this Period 76.92
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1307.64	

Full Name (Last, First, Middle Initial) B. Sarita Chakravarthi		Date of Receipt MM / DD / YYYY 08 / 08 / 2014 Transaction ID : 25DD118639924CF08858
Mailing Address 648 S Brooksvale Rd		Amount of Each Receipt this Period 23.08
City Cheshire	State CT	Zip Code 06410-3517
FEC ID number of contributing federal political committee. C		
Name of Employer Selective Insurance Company of America	Occupation SVP, Tax & Assitant Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.36	

Full Name (Last, First, Middle Initial) C. Sarita Chakravarthi		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : 6942325816D74DB8A4CF
Mailing Address 648 S Brooksvale Rd		Amount of Each Receipt this Period 23.08
City Cheshire	State CT	Zip Code 06410-3517
FEC ID number of contributing federal political committee. C		
Name of Employer Selective Insurance Company of America	Occupation SVP, Tax & Assitant Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.36	

SUBTOTAL of Receipts This Page (optional).....▶	123.08
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 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Thomas Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 8904 Rams Crossing Ct
 City North Chesterfield State VA Zip Code 23236-1388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Claims General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 08 / 08 / 2014
Transaction ID : 7688445F2F7043089F84
 Amount of Each Receipt this Period
 25.00

B. Thomas Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 8904 Rams Crossing Ct
 City North Chesterfield State VA Zip Code 23236-1388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Claims General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 08 / 22 / 2014
Transaction ID : 63164155E5754FBCEAB
 Amount of Each Receipt this Period
 25.00

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 ▼ 615.36

Date of Receipt
 08 / 08 / 2014
Transaction ID : 4D060B09791A47BAA935
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional).....▶	88.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11
	<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. 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 **615.36**

Date of Receipt **08 / 22 / 2014**
Transaction ID : 9DF17AA409E04A98AED6
 Amount of Each Receipt this Period **38.46**

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 **1700.00**

Date of Receipt **08 / 08 / 2014**
Transaction ID : B5FCFFBE55B045C4A29D
 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 **1700.00**

Date of Receipt **08 / 22 / 2014**
Transaction ID : A1D2F08596C9488EA3B8
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **238.46**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. George Neale			Date of Receipt MM / DD / YYYY 08 / 08 / 2014 Transaction ID : 0504756DF70041BF88C8
Mailing Address 10029 Daufuskie Dr			Amount of Each Receipt this Period 38.46
City Charlotte	State NC	Zip Code 28278-9041	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 653.82
Name of Employer Selective Insurance Company of America		Occupation SVP, Chief Claims Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. George Neale			Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : 54B6DF516F2C49DC9E6B
Mailing Address 10029 Daufuskie Dr			Amount of Each Receipt this Period 38.46
City Charlotte	State NC	Zip Code 28278-9041	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 653.82
Name of Employer Selective Insurance Company of America		Occupation SVP, Chief Claims Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C.			Date of Receipt MM / DD / YYYY
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	76.92
TOTAL This Period (last page this line number only).....▶	680.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Selective Insurance Company of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kashich/Taylor for Ohio

Mailing Address P. O. Box 06590

City Columbus State OH Zip Code 43206

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 07 / 2014

Transaction ID : 0D7A7C43C27158350AF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

1000.00