Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Selective Insurance Company of America Political Action Committee 40 Wantage Ave ADDRESS (number and street) (Check if address is changed) Branchville 07890 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address jeff.beck@selective.com is changed) Optional Second E-Mail Address DLPOLRPTS6@skadden.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00550889 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Beck, Jeffrey, , 80 24 2023 Signature of Treasurer Beck, Jeffrey, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate ''','','','',',',',',',',',',',',',','	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican,	
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	X Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperat	ive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1 C	
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Treasurer

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Write or Type Committee	· Name

	Selective Ins	urance Company of America I	Political Action Co	mmittee											
6.	Name of Any Connec	ted Organization, Affiliated Committee, Joint Fu	ndraising Representative, or	Leadership PAC Sponsor											
	Selective Insurance Company of America														
	Mailing Address	40 Wantage Ave													
		Branchville	NJ NJ	07890											
		CITY ▲	STATE ▲	ZIP CODE ▲											
	Relationship: X Conf	nected Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponso											
7.	Custodian of Records books and records.	: Identify by name, address (phone number optiona	al) and position of the person in	possession of committee											
	1	k, Jeffrey, , ,													
	Full Name														
	Mailing Address	40 Wantage Ave													
		Branchville	NJ	07890											
		CITY ▲	STATE ▲	ZIP CODE ▲											
	Title or Position ▼														

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Telephone number

Full Name of Treasurer	Beck, Jeffrey, , ,						1																					
Mailing Address	40	Wantage	e Ave			L		 																				
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	Bra	nchville													L	NJ				789	90			_	L	Ш		
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Title or Position ▼	•																											
Treasurer									-	Tele	eph	one	e ni	uml	oer			97	3		L	948	B]-	L	131	1 1	

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	Full Name of Designated Agent		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
		Telephone number	
-	Banks or Other I safety deposit box	Depositories: List all banks or other depositories in which the committee deposits fes or maintains funds.	unds, holds accounts, rents
	Name of Bank, Do	epository, etc.	
		Atlantic Union Bank	
	Mailing Address	4221 Walney Rd	
		Suite 120	
		Chantilly VA	20151
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, Do	epository, etc.	
	I		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
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