

# 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 [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2015 through [MM] / [DD] / [YYYY] 12 / 31 / 2015

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 Beck

Signature of Treasurer Jeffrey Beck [Electronically Filed] Date 01 / 27 / 2016

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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>	<input type="text" value="5049.50"/>	<input type="text" value="5049.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19259.53"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11711.96"/>	<input type="text" value="32921.99"/>
(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="30971.49"/>	<input type="text" value="37971.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5000.00"/>	<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="25971.49"/>	<input type="text" value="25971.49"/>
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)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

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).....	9332.26	26594.13
(ii) Unitemized .....	2379.70	6327.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11711.96	32921.99
(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) .....	11711.96	32921.99
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))..... ▶	11711.96	32921.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11711.96	32921.99

**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.....	3000.00	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 .....	2000.00	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)) ..	5000.00	12000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	12000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11711.96	32921.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11711.96	32921.99
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 68
	<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
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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. Kimberly Burnett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Wantage Ave  
 City Branchville State NJ Zip Code 07890-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation Executive Vice President, Human Resour  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A28C6192CA7FE4769ACA**  
 Amount of Each Receipt this Period  
 40.00

**B. Maria Orecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Wantage Ave  
 City Branchville State NJ Zip Code 07890-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation Vice President, General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A014D4D7AB1E742639FF**  
 Amount of Each Receipt this Period  
 50.00

**C. Allen H. Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Wantage Ave  
 City Branchville State NJ Zip Code 07890-0001  
 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 ▼ 538.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : AC49C33091F514D4EB96**  
 Amount of Each Receipt this Period  
 38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.46
<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 7 OF 68
	<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. Michael H. Lanza**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Wantage Ave

City Branchville State NJ Zip Code 07890-0001

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 ▼ 1400.00

Date of Receipt  
07 / 10 / 2015  
**Transaction ID : A4BC76CF770234F88918**

Amount of Each Receipt this Period  
100.00

**B. Brian C. Sarisky**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Natale Dr

City Sparta State NJ Zip Code 07871-3034

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

Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
07 / 10 / 2015  
**Transaction ID : AE236ADB067114E7792F**

Amount of Each Receipt this Period  
100.00

**C. Stephen D. Crosta**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Wantage Ave

City Branchville State NJ Zip Code 07890-0001

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 ▼ 538.44

Date of Receipt  
07 / 10 / 2015  
**Transaction ID : AE024F4CFD00142DA994**

Amount of Each Receipt this Period  
38.46

**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 8 OF 68
	<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**

**A. Cyndi Bennett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Landrud Rd  
City Sussex State NJ Zip Code 07461-4003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 10 / 2015  
**Transaction ID : A9A423138363842009B1**  
Amount of Each Receipt this Period 200.00

**B. Jeffrey Beck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40 Wantage Ave  
City Branchville State NJ Zip Code 07890-0001  
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 ▼ 1076.88

Date of Receipt 07 / 10 / 2015  
**Transaction ID : ACD3DC78EF35D444AB44**  
Amount of Each Receipt this Period 76.92

**C. Thomas M. Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40 Wantage Ave  
City Branchville State NJ Zip Code 07890-0001  
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 ▼ 350.00

Date of Receipt 07 / 10 / 2015  
**Transaction ID : A68338A3C68A14439BE6**  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121.92  
**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 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Thomas Stewart Purnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Country Ln  
 City Sparta State NJ Zip Code 07871-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **307.70**

Date of Receipt **07 / 10 / 2015**  
**Transaction ID : A8295F163307B49C6BF6**  
 Amount of Each Receipt this Period **30.77**

**B. George A. Neale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Wantage Ave  
 City Branchville State NJ Zip Code 07890-0001  
 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 **538.44**

Date of Receipt **07 / 10 / 2015**  
**Transaction ID : A6F412FBCC1E84B2996D**  
 Amount of Each Receipt this Period **38.46**

**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 **1150.00**

Date of Receipt **07 / 10 / 2015**  
**Transaction ID : A83122EFFB1D249AC85F**  
 Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **169.23**  
**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 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Charles C. Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Windsor Dr  
 City Northampton State PA Zip Code 18067-1780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 10 / 2015**  
**Transaction ID : A62807A7619D84F1DA66**  
 Amount of Each Receipt this Period **100.00**

**B. Sarita Chakravarthi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Wantage Ave  
 City Branchville State NJ Zip Code 07890-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Tax & Assitant Treasurer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **323.12**

Date of Receipt **07 / 10 / 2015**  
**Transaction ID : ADC4E79C6DD564225852**  
 Amount of Each Receipt this Period **23.08**

**C. Charles C. Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Windsor Dr  
 City Northampton State PA Zip Code 18067-1780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1100.00**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : A2B3C7556E39C4C63BA4**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>223.08</b>
<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 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 State Zip Code  
 Matthews NC 28104-6866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Selective Insurance Company of America SVP, Field Underwriting  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A52DE2A894BF2445BA1C**  
 Amount of Each Receipt this Period  
 100.00

**B. Sarita Chakravarthi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Wantage Ave  
 City State Zip Code  
 Branchville NJ 07890-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Selective Insurance Company of America SVP, Tax & Assitant Treasurer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 346.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A86C44DB7683844609A0**  
 Amount of Each Receipt this Period  
 23.08

**C. Joanne Dagostino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 W Valley View Ave  
 City State Zip Code  
 Hackettstown NJ 07840-1259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Selective Insurance Company of America Vice President, Corporate Claims  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A3DBF0898DCE44973A25**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	143.08
<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 12 OF 68
<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. George A. Neale**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Wantage Ave

City Branchville State NJ Zip Code 07890-0001

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 ▼ **576.90**

Date of Receipt **07 / 24 / 2015**

**Transaction ID : A136FABC4A4D34A7DB9A**

Amount of Each Receipt this Period **38.46**

**B. Thomas Stewart Purnell**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Country Ln

City Sparta State NJ Zip Code 07871-2911

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

Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **338.47**

Date of Receipt **07 / 24 / 2015**

**Transaction ID : AE09816E599D14945A66**

Amount of Each Receipt this Period **30.77**

**c. Thomas M. Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Wantage Ave

City Branchville State NJ Zip Code 07890-0001

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 ▼ **375.00**

Date of Receipt **07 / 24 / 2015**

**Transaction ID : AEC1FADC376434888907**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **94.23**

**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 13 OF 68
	<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**

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

Mailing Address 40 Wantage Ave

City Branchville State NJ Zip Code 07890-0001

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 ▼ 1153.80

Date of Receipt 07 / 24 / 2015  
**Transaction ID : A8639D14EA38F4BDAA91**

Amount of Each Receipt this Period 76.92

**B. Cyndi Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Landrud Rd

City Sussex State NJ Zip Code 07461-4003

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

Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 24 / 2015  
**Transaction ID : A7A41E73265E74E80B9A**

Amount of Each Receipt this Period 20.00

**C. Michael Mazzarella**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Ski Hill Dr

City Bedminster State NJ Zip Code 07921-2530

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

Name of Employer Selective Insurance Company of America Occupation VP, Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 24 / 2015  
**Transaction ID : A8A66A24CB2E846EF876**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 116.92

**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 68
	<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 D. Crosta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Wantage Ave  
 City Branchville State NJ Zip Code 07890-0001  
 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 ▼ 576.90

Date of Receipt 07 / 24 / 2015  
**Transaction ID : AB3AFF8CC1B754732AEA**  
 Amount of Each Receipt this Period 38.46

**B. Brian C. Sarisky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Natale Dr  
 City Sparta State NJ Zip Code 07871-3034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 07 / 24 / 2015  
**Transaction ID : A65C754F0DC734F26A47**  
 Amount of Each Receipt this Period 100.00

**C. Michael H. Lanza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Wantage Ave  
 City Branchville State NJ Zip Code 07890-0001  
 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 ▼ 1500.00

Date of Receipt 07 / 24 / 2015  
**Transaction ID : A76E5E4D929F24424AD8**  
 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 15 OF 68
	<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**

**A. Allen H. Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40 Wantage Ave  
City Branchville State NJ Zip Code 07890-0001  
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 **576.90**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : AC6E25E59C5EA41A2993**  
Amount of Each Receipt this Period **38.46**

**B. Maria Orecchio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40 Wantage Ave  
City Branchville State NJ Zip Code 07890-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation Vice President, General Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : AB12F23FDE09E4DE8A89**  
Amount of Each Receipt this Period **50.00**

**C. Kimberly Burnett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40 Wantage Ave  
City Branchville State NJ Zip Code 07890-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation Executive Vice President, Human Resour  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : AC31DBC6444CA4F09865**  
Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **128.46**  
**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: PAGE 16 OF 68  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Christie Harris**

Mailing Address 124 Turkey Hunt Ct

City Waxhaw State NC Zip Code 28173-6827

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

Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A48E2FD3827E84870A29**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**B. Brian C. Sarisky**

Mailing Address 22 Natale Dr

City Sparta State NJ Zip Code 07871-3034

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

Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A69DC508113B5448685C**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Cyndi Bennett**

Mailing Address 10 Landrud Rd

City Sussex State NJ Zip Code 07461-4003

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

Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A5298EE7C4AFF4181873**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **139.23**

**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:	PAGE 17 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. William O'Brien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12009 Carolina Cherry Ln  
 City Waxhaw State NC Zip Code 28173-6214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **08 / 07 / 2015**  
**Transaction ID : A2BE28D90964D41E9A52**  
 Amount of Each Receipt this Period **20.00**

**B. Michael Mazzarella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Ski Hill Dr  
 City Bedminster State NJ Zip Code 07921-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Underwriting  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 07 / 2015**  
**Transaction ID : A9F199807AA4041CA8A3**  
 Amount of Each Receipt this Period **20.00**

**C. Thomas Stewart Purnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Country Ln  
 City Sparta State NJ Zip Code 07871-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **369.24**

Date of Receipt **08 / 07 / 2015**  
**Transaction ID : A021CFCFC1CF943F3AF7**  
 Amount of Each Receipt this Period **30.77**

**SUBTOTAL** of Receipts This Page (optional)..... **70.77**  
**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 18 OF 68
	<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
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NAME OF COMMITTEE (In Full)  
**Selective Insurance Company of America Political Action Committee**

**A. Charles C. Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Windsor Dr  
 City Northampton State PA Zip Code 18067-1780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **08 / 07 / 2015**  
**Transaction ID : AE1DF8F7491384DE1924**  
 Amount of Each Receipt this Period **100.00**

**B. Charles C. Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Windsor Dr  
 City Northampton State PA Zip Code 18067-1780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1300.00**

Date of Receipt **08 / 21 / 2015**  
**Transaction ID : A3CBDB0AAB0224AB395E**  
 Amount of Each Receipt this Period **100.00**

**C. Thomas Stewart Purnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Country Ln  
 City Sparta State NJ Zip Code 07871-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.01**

Date of Receipt **08 / 21 / 2015**  
**Transaction ID : AF9ED42360579443BBBC**  
 Amount of Each Receipt this Period **30.77**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>230.77</b>
<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 19 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Michael Mazzarella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Ski Hill Dr  
 City Bedminster State NJ Zip Code 07921-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A7A14BF2F12004826B5D**  
 Amount of Each Receipt this Period  
 20.00

**B. William O'Brien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12009 Carolina Cherry Ln  
 City Waxhaw State NC Zip Code 28173-6214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : ABD5115BA421A4766AFA**  
 Amount of Each Receipt this Period  
 20.00

**C. Cyndi Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Landrud Rd  
 City Sussex State NJ Zip Code 07461-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A3FBED23BBE294A619F7**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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:	PAGE 20 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Brian C. Sarisky**

Mailing Address 22 Natale Dr

City State Zip Code  
Sparta NJ 07871-3034

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

Name of Employer Occupation  
Selective Insurance Company of America SVP, C/L Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
08 / 21 / 2015  
**Transaction ID : AAD82A2B3B9044E29A74**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Christie Harris**

Mailing Address 124 Turkey Hunt Ct

City State Zip Code  
Waxhaw NC 28173-6827

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

Name of Employer Occupation  
Selective Insurance Company of America VP, Claims LOB

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  
08 / 21 / 2015  
**Transaction ID : AFFCDCBFB421C43DB8F4**

Amount of Each Receipt this Period  
19.23

Full Name (Last, First, Middle Initial)  
**c. Christie Harris**

Mailing Address 124 Turkey Hunt Ct

City State Zip Code  
Waxhaw NC 28173-6827

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

Name of Employer Occupation  
Selective Insurance Company of America VP, Claims LOB

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
09 / 04 / 2015  
**Transaction ID : A109700B348B145E5BE9**

Amount of Each Receipt this Period  
19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 138.46

**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 21 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Brian C. Sarisky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Natale Dr  
 City Sparta State NJ Zip Code 07871-3034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : AFD60395B92FC4D6AAD8**  
 Amount of Each Receipt this Period  
**100.00**

**B. William O'Brien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12009 Carolina Cherry Ln  
 City Waxhaw State NC Zip Code 28173-6214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : AC87C024B32694587A83**  
 Amount of Each Receipt this Period  
**20.00**

**C. Cyndi Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Landrud Rd  
 City Sussex State NJ Zip Code 07461-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **340.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A9BE64CC6AF7C4EEF8C1**  
 Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>140.00</b>
<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 22 OF 68
	<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. Michael Mazzarella**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Ski Hill Dr

City Bedminster State NJ Zip Code 07921-2530

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

Name of Employer Selective Insurance Company of America Occupation VP, Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 04 / 2015  
**Transaction ID : A60A121FFE44ACDAF2**

Amount of Each Receipt this Period 200.00

**B. Michael Lanza**  
Full Name (Last, First, Middle Initial)

Mailing Address 84 Sparta Ave Apt 301

City Sparta State NJ Zip Code 07871-6704

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 ▼ 300.00

Date of Receipt 09 / 04 / 2015  
**Transaction ID : A57389F8AC4BC49AEA81**

Amount of Each Receipt this Period 100.00

**C. Thomas Stewart Purnell**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Country Ln

City Sparta State NJ Zip Code 07871-2911

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

Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 430.78

Date of Receipt 09 / 04 / 2015  
**Transaction ID : A85708F2A3834442C9DD**

Amount of Each Receipt this Period 30.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.77

**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 23 OF 68
	<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. 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, Govt & Regulatory Af  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A52DF6DF1685E4159854**  
 Amount of Each Receipt this Period  
 76.92

**B. Charles C. Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Windsor Dr  
 City Northampton State PA Zip Code 18067-1780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : AC498730338924A7AB13**  
 Amount of Each Receipt this Period  
 100.00

**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, Chief Strat Ops Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : ACB89F1552CE44CCAB9C**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 276.92  
**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 24 OF 68
	<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	

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. Brenda Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 3407 Delamere Dr

City State Zip Code  
Matthews NC 28104-6866

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

Name of Employer Occupation  
Selective Insurance Company of America SVP, Chief Strat Ops Offic

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 18 / 2015  
**Transaction ID : AF2756842C2164CC29E2**

Amount of Each Receipt this Period  
100.00

**B. Charles C. Adams**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 Windsor Dr

City State Zip Code  
Northampton PA 18067-1780

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

Name of Employer Occupation  
Selective Insurance Company of America SVP, Regional Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
09 / 18 / 2015  
**Transaction ID : ACBF818927436409AA2C**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 4 Whitefield Dr

City State Zip Code  
Lafayette Hill PA 19444-1648

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

Name of Employer Occupation  
Selective Insurance Company of America SVP, Govt & Regulatory Af

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  
09 / 18 / 2015  
**Transaction ID : A6A52CC42B7274760A88**

Amount of Each Receipt this Period  
76.92

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 276.92

**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 25 OF 68
	<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

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. Thomas Stewart Purnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Country Ln  
 City Sparta State NJ Zip Code 07871-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **461.55**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : AAB691F03F560445CB3B**  
 Amount of Each Receipt this Period **30.77**

**B. Michael Lanza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 84 Sparta Ave Apt 301  
 City Sparta State NJ Zip Code 07871-6704  
 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 **400.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : A249A615F83FA4BC3B3D**  
 Amount of Each Receipt this Period **100.00**

**C. Michael Mazzarella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Ski Hill Dr  
 City Bedminster State NJ Zip Code 07921-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Underwriting  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : A5DBFF49AC36149C899F**  
 Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.77**  
**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 26 OF 68
	<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	

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. William O'Brien**  
Full Name (Last, First, Middle Initial)

Mailing Address 12009 Carolina Cherry Ln

City Waxhaw State NC Zip Code 28173-6214

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

Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : A0A317B16135345CCAAD**

Amount of Each Receipt this Period  
 200.00

**B. Cyndi Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Landrud Rd

City Sussex State NJ Zip Code 07461-4003

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

Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : A092A10E8327E4EB1A5E**

Amount of Each Receipt this Period  
 200.00

**C. Brian C. Sarisky**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Natale Dr

City Sparta State NJ Zip Code 07871-3034

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

Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : A4710643BC15C4474842**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

**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 27 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Christie Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Turkey Hunt Ct  
 City Waxhaw State NC Zip Code 28173-6827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt  
 09 / 18 / 2015  
**Transaction ID : ADC8E2A7B05E7464DBF2**  
 Amount of Each Receipt this Period  
 19.23

**B. Christie Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Turkey Hunt Ct  
 City Waxhaw State NC Zip Code 28173-6827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt  
 10 / 02 / 2015  
**Transaction ID : ACD39979BC1D54D08B8E**  
 Amount of Each Receipt this Period  
 19.23

**C. Brian C. Sarisky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Natale Dr  
 City Sparta State NJ Zip Code 07871-3034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 10 / 02 / 2015  
**Transaction ID : A82E8A6CFA2CD4247964**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.46
<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: PAGE 28 OF 68  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. William O'Brien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12009 Carolina Cherry Ln  
 City Waxhaw State NC Zip Code 28173-6214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : AE6C6DB75C8F24397935**  
 Amount of Each Receipt this Period  
 20.00

**B. Cyndi Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Landrud Rd  
 City Sussex State NJ Zip Code 07461-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A92AC82C6A0F6472EB53**  
 Amount of Each Receipt this Period  
 20.00

**C. Michael Mazzarella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Ski Hill Dr  
 City Bedminster State NJ Zip Code 07921-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A6CE10A12673740B9BE0**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 29 OF 68
	<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. Michael Lanza**

Mailing Address 84 Sparta Ave  
Apt 301

City Sparta State NJ Zip Code 07871-6704

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 ▼ **500.00**

Date of Receipt  
**10 / 02 / 2015**

**Transaction ID : AA60910A946384749980**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Maria Orecchio**

Mailing Address 54 McKesson Hill Rd

City Chappaqua State NY Zip Code 10514-1631

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

Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Cou

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**10 / 02 / 2015**

**Transaction ID : AE4A74056C8264DDF9CC**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Thomas Stewart Purnell**

Mailing Address 4 Country Ln

City Sparta State NJ Zip Code 07871-2911

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

Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **492.32**

Date of Receipt  
**10 / 02 / 2015**

**Transaction ID : AC3D59A09DAD0417DA37**

Amount of Each Receipt this Period  
**30.77**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>180.77</b>
<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 30 OF 68
	<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**

**A. 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, Govt & Regulatory Af

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **10 / 02 / 2015**

**Transaction ID : A92A0A01821D44C71878**

Amount of Each Receipt this Period **76.92**

**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,Chief Strat Ops Offic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 02 / 2015**

**Transaction ID : A657182DBC3BA4315B7E**

Amount of Each Receipt this Period **100.00**

**C. Charles C. Adams**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 Windsor Dr

City Northampton State PA Zip Code 18067-1780

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

Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt **10 / 02 / 2015**

**Transaction ID : A3A089794668544B9B81**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **276.92**

**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 31 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Charles C. Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Windsor Dr  
 City Northampton State PA Zip Code 18067-1780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1700.00**

Date of Receipt **10 / 16 / 2015**  
**Transaction ID : A730D1AA813CF45DEBDE**  
 Amount of Each Receipt this Period **100.00**

**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, Chief Strat Ops Offic  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **10 / 16 / 2015**  
**Transaction ID : ADDFE9AFE8B7F46CF8EB**  
 Amount of Each Receipt this Period **100.00**

**C. Kimberly Burnett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Pierce St  
 City Sparta State NJ Zip Code 07871-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, Chief HR Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **10 / 16 / 2015**  
**Transaction ID : ABB199D0D4B104C82BF0**  
 Amount of Each Receipt this Period **40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<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 32 OF 68
	<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. 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, Govt & Regulatory Af

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A3495B1AA9EDA4E13B07**

Amount of Each Receipt this Period 76.92

**B. Thomas Stewart Purnell**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Country Ln

City Sparta State NJ Zip Code 07871-2911

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

Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 523.09

Date of Receipt 10 / 16 / 2015  
**Transaction ID : AC35B4082AF9B43AC89C**

Amount of Each Receipt this Period 30.77

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

Mailing Address 7313 Harcourt Xing

City Fort Mill State SC Zip Code 29707-5986

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A0A6D1F91A68844C89D9**

Amount of Each Receipt this Period 38.46

**SUBTOTAL** of Receipts This Page (optional).....▶ 146.15

**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 33 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Maria Orecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 McKesson Hill Rd  
 City Chappaqua State NY Zip Code 10514-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A090E3BF7506A402D93C**  
 Amount of Each Receipt this Period  
 50.00

**B. Michael Lanza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 84 Sparta Ave Apt 301  
 City Sparta State NJ Zip Code 07871-6704  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A484BAC4BB13B4A72BA1**  
 Amount of Each Receipt this Period  
 100.00

**C. Michael Mazzarella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Ski Hill Dr  
 City Bedminster State NJ Zip Code 07921-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A98E6CE9265054786911**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<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 34 OF 68
	<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**

**A. Cyndi Bennett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Landrud Rd  
City Sussex State NJ Zip Code 07461-4003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A9F4A168D99684806803**  
Amount of Each Receipt this Period 20.00

**B. William O'Brien**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12009 Carolina Cherry Ln  
City Waxhaw State NC Zip Code 28173-6214  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 16 / 2015  
**Transaction ID : ADFD16A4317524815B22**  
Amount of Each Receipt this Period 20.00

**C. Christie Harris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 124 Turkey Hunt Ct  
City Waxhaw State NC Zip Code 28173-6827  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.68

Date of Receipt 10 / 16 / 2015  
**Transaction ID : AC1ADE9F36046426584E**  
Amount of Each Receipt this Period 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.23  
**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:	PAGE 35 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Brian C. Sarisky**

Mailing Address 22 Natale Dr

City Sparta State NJ Zip Code 07871-3034

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

Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A16F5BA0251B64D84A38**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Allen Anderson**

Mailing Address 2 Windy Brow Mnr

City Fredon 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, P

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A185CF33D3F7646FC922**

Amount of Each Receipt this Period  
**38.46**

Full Name (Last, First, Middle Initial)  
**C. Stephen Crosta**

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 Cou

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : AB35EC2A175A14EE4823**

Amount of Each Receipt this Period  
**38.46**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **176.92**

**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 36 OF 68
	<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. Allen Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Windy Brow Mnr  
City Fredon 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, P  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 269.22

Date of Receipt 10 / 30 / 2015  
**Transaction ID : AC78CE75013BE4F08AC8**  
Amount of Each Receipt this Period 38.46

**B. Brian C. Sarisky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 Natale Dr  
City Sparta State NJ Zip Code 07871-3034  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1800.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : AB4A3E29BBF964AF8811**  
Amount of Each Receipt this Period 100.00

**C. Christie Harris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 124 Turkey Hunt Ct  
City Waxhaw State NC Zip Code 28173-6827  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 326.91

Date of Receipt 10 / 30 / 2015  
**Transaction ID : AE4F1FA3E225741AA82A**  
Amount of Each Receipt this Period 19.23

**SUBTOTAL** of Receipts This Page (optional)..... 157.69  
**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:	PAGE 37 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. William O'Brien**  
Full Name (Last, First, Middle Initial)

Mailing Address 12009 Carolina Cherry Ln

City Waxhaw	State NC	Zip Code 28173-6214
----------------	-------------	------------------------

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

Name of Employer Selective Insurance Company of America	Occupation VP, Claims LOB
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : ADEDA1A8232004080A09**

Amount of Each Receipt this Period  

20.00
-------

**B. Cyndi Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Landrud Rd

City Sussex	State NJ	Zip Code 07461-4003
----------------	-------------	------------------------

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

Name of Employer Selective Insurance Company of America	Occupation VP, Compensation & Benefi
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A8EA68A65B4AB4C019C6**

Amount of Each Receipt this Period  

20.00
-------

**C. Michael Mazzarella**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Ski Hill Dr

City Bedminster	State NJ	Zip Code 07921-2530
--------------------	-------------	------------------------

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

Name of Employer Selective Insurance Company of America	Occupation VP, Underwriting
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A7BA661F1C3DB43298BE**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<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 38 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Michael Lanza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 84 Sparta Ave  
 Apt 301  
 City Sparta State NJ Zip Code 07871-6704  
 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 **700.00**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : A4A5116203B304EE6B6E**  
 Amount of Each Receipt this Period **100.00**

**B. Maria Orecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 McKesson Hill Rd  
 City Chappaqua State NY Zip Code 10514-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Cou  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : AB2DF5FAE47FB4BF6BA4**  
 Amount of Each Receipt this Period **50.00**

**C. George Neale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7313 Harcourt Xing  
 City Fort Mill State SC Zip Code 29707-5986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, Chief Claims Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **269.22**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : ABF4A5569F47844658AA**  
 Amount of Each Receipt this Period **38.46**

**SUBTOTAL** of Receipts This Page (optional)..... **188.46**  
**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 39 OF 68
	<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. 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, Govt & Regulatory Af

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt **10 / 30 / 2015**

**Transaction ID : A32A1746DD08D46F9B00**

Amount of Each Receipt this Period **76.92**

**B. Thomas Stewart Purnell**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Country Ln

City Sparta State NJ Zip Code 07871-2911

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

Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **553.86**

Date of Receipt **10 / 30 / 2015**

**Transaction ID : A94A20D87BB08400B954**

Amount of Each Receipt this Period **30.77**

**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 Cou

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt **10 / 30 / 2015**

**Transaction ID : AE0EEE1100F5C4FE28BA**

Amount of Each Receipt this Period **38.46**

**SUBTOTAL** of Receipts This Page (optional)..... **146.15**

**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 40 OF 68
	<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="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Sparta	NJ	07871-2711
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AB635925478EC45D6B2D</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Selective Insurance Company of America	EVP, Chief HR Officer	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Brenda Hall</b>		Date of Receipt
Mailing Address 3407 Delamere Dr		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Matthews	NC	28104-6866
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A4B9EF08FB32D4A7A896</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Selective Insurance Company of America	SVP, Chief Strat Ops Offic	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Charles C. Adams</b>		Date of Receipt
Mailing Address 203 Windsor Dr		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Northampton	PA	18067-1780
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2AA1D7DBF9B94475A73</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Selective Insurance Company of America	SVP, Regional Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<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 41 OF 68
	<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. Thomas Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 8904 Rams Crossing Ct  
# C

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 Couns

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 13 / 2015

**Transaction ID : AAE4311A084184955A17**

Amount of Each Receipt this Period  
40.00

**B. Charles C. Adams**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 Windsor Dr

City Northampton State PA Zip Code 18067-1780

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

Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 13 / 2015

**Transaction ID : A5227528C7E1F4D89AE8**

Amount of Each Receipt this Period  
100.00

**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, Chief Strat Ops Office

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 13 / 2015

**Transaction ID : A83C18BF04F674694A78**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00

**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 42 OF 68
	<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. Kimberly Burnett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Pierce St  
 City Sparta State NJ Zip Code 07871-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, Chief HR Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **320.00**

Date of Receipt **11 / 13 / 2015**  
**Transaction ID : A3F763781AE27450DA1E**  
 Amount of Each Receipt this Period **40.00**

**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 Cou  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **307.68**

Date of Receipt **11 / 13 / 2015**  
**Transaction ID : A4F87506C109D46949C6**  
 Amount of Each Receipt this Period **38.46**

**C. Thomas Stewart Purnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Country Ln  
 City Sparta State NJ Zip Code 07871-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **584.63**

Date of Receipt **11 / 13 / 2015**  
**Transaction ID : A5CD0267EEA564F2987B**  
 Amount of Each Receipt this Period **30.77**

**SUBTOTAL** of Receipts This Page (optional)..... **109.23**  
**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 43 OF 68
	<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. 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, Govt & Regulatory Af

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **11 / 13 / 2015**

**Transaction ID : A394F3F258F3E43EEA93**

Amount of Each Receipt this Period **76.92**

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

Mailing Address 7313 Harcourt Xing

City Fort Mill State SC Zip Code 29707-5986

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **11 / 13 / 2015**

**Transaction ID : A4BEB88FAF72446EFA09**

Amount of Each Receipt this Period **38.46**

**C. Michael Lanza**  
Full Name (Last, First, Middle Initial)

Mailing Address 84 Sparta Ave Apt 301

City Sparta State NJ Zip Code 07871-6704

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 ▼ **800.00**

Date of Receipt **11 / 13 / 2015**

**Transaction ID : AE29BE06013E3452D921**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **215.38**

**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 44 OF 68
	<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	

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. Maria Orecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 McKesson Hill Rd  
 City Chappaqua State NY Zip Code 10514-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A7AED1EAB8C7E420C8AF**  
 Amount of Each Receipt this Period  
 50.00

**B. Michael Mazzarella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Ski Hill Dr  
 City Bedminster State NJ Zip Code 07921-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2499D513E85C4253B53**  
 Amount of Each Receipt this Period  
 20.00

**C. Cyndi Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Landrud Rd  
 City Sussex State NJ Zip Code 07461-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A4B4FE96617C345BE86F**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**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:	PAGE 45 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. William O'Brien**  
Full Name (Last, First, Middle Initial)

Mailing Address 12009 Carolina Cherry Ln

City Waxhaw State NC Zip Code 28173-6214

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

Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 13 / 2015**

**Transaction ID : A73740E28F1D64C7AB94**

Amount of Each Receipt this Period  
**20.00**

**B. Christie Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 Turkey Hunt Ct

City Waxhaw State NC Zip Code 28173-6827

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

Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 13 / 2015**

**Transaction ID : A269FE70FACE149DC97E**

Amount of Each Receipt this Period  
**19.23**

**C. Brian C. Sarisky**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Natale Dr

City Sparta State NJ Zip Code 07871-3034

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

Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 13 / 2015**

**Transaction ID : A40F884F73CCC4C3CB8B**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **139.23**

**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 46 OF 68
	<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. Allen Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Windy Brow Mnr  
City Fredon 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, P  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.68

Date of Receipt 11 / 13 / 2015  
**Transaction ID : AE30234EE22BE41EF9B2**  
Amount of Each Receipt this Period 38.46

**B. John R. Willenborg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 64 Westgate Dr  
City Sparta State NJ Zip Code 07871-1352  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation Field Operations Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 207.72

Date of Receipt 11 / 13 / 2015  
**Transaction ID : A5771FF5D77C445DBA41**  
Amount of Each Receipt this Period 11.54

**C. Allen Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Windy Brow Mnr  
City Fredon 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, P  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 346.14

Date of Receipt 11 / 27 / 2015  
**Transaction ID : A2E32BC4EB0F04BF691D**  
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 47 OF 68
	<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
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NAME OF COMMITTEE (In Full)  
**Selective Insurance Company of America Political Action Committee**

**A. Brian C. Sarisky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Natale Dr  
 City Sparta State NJ Zip Code 07871-3034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt 11 / 27 / 2015  
**Transaction ID : AAD25235CCD14409FBA4**  
 Amount of Each Receipt this Period 100.00

**B. John R. Willenborg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 Westgate Dr  
 City Sparta State NJ Zip Code 07871-1352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation Field Operations Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 219.26

Date of Receipt 11 / 27 / 2015  
**Transaction ID : AC3D7DC06A073429F821**  
 Amount of Each Receipt this Period 11.54

**C. Christie Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Turkey Hunt Ct  
 City Waxhaw State NC Zip Code 28173-6827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 365.37

Date of Receipt 11 / 27 / 2015  
**Transaction ID : A590C984AAFC4C9AA2E**  
 Amount of Each Receipt this Period 19.23

**SUBTOTAL** of Receipts This Page (optional)..... **130.77**  
**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 48 OF 68
	<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. William O'Brien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12009 Carolina Cherry Ln  
 City Waxhaw State NC Zip Code 28173-6214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A7629BA4FCE374BCB9CE**  
 Amount of Each Receipt this Period  
 20.00

**B. Cyndi Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Landrud Rd  
 City Sussex State NJ Zip Code 07461-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A73E6F8AC8F544C63837**  
 Amount of Each Receipt this Period  
 20.00

**C. Michael Mazzarella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Ski Hill Dr  
 City Bedminster State NJ Zip Code 07921-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A610E7DC0503E47D598C**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 49 OF 68
	<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. Maria Orecchio</b>		Date of Receipt 11 / 27 / 2015 <b>Transaction ID : A7F70944A756A4001884</b>
Mailing Address 54 McKesson Hill Rd		Amount of Each Receipt this Period 50.00
City Chappaqua	State NY	Zip Code 10514-1631
FEC ID number of contributing federal political committee. C		
Name of Employer Selective Insurance Company of America	Occupation VP, Assistant General Cou	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Lanza</b>		Date of Receipt 11 / 27 / 2015 <b>Transaction ID : A3452FF167FBA4FC4818</b>
Mailing Address 84 Sparta Ave Apt 301		Amount of Each Receipt this Period 100.00
City Sparta	State NJ	Zip Code 07871-6704
FEC ID number of contributing federal political committee. C		
Name of Employer Selective Insurance Company of America	Occupation EVP, General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. George Neale</b>		Date of Receipt 11 / 27 / 2015 <b>Transaction ID : AA3F88E38A26F409487A</b>
Mailing Address 7313 Harcourt Xing		Amount of Each Receipt this Period 38.46
City Fort Mill	State SC	Zip Code 29707-5986
FEC ID number of contributing federal political committee. C		
Name of Employer Selective Insurance Company of America	Occupation EVP, Chief Claims Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	188.46
<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 50 OF 68
	<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
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NAME OF COMMITTEE (In Full)  
**Selective Insurance Company of America Political Action Committee**

**A. Thomas Stewart Purnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Country Ln  
 City Sparta State NJ Zip Code 07871-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **615.40**

Date of Receipt **11 / 27 / 2015**  
**Transaction ID : A78B062F9CDC94734AF9**  
 Amount of Each Receipt this Period **30.77**

**B. 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, Govt & Regulatory Af  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **692.28**

Date of Receipt **11 / 27 / 2015**  
**Transaction ID : A6B4C0A3964DA42D9BC9**  
 Amount of Each Receipt this Period **76.92**

**C. Charles C. Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Windsor Dr  
 City Northampton State PA Zip Code 18067-1780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2000.00**

Date of Receipt **11 / 27 / 2015**  
**Transaction ID : A7B9C7B1F7F824BA3B29**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>207.69</b>
<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 51 OF 68
	<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**

**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 Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 11 / 27 / 2015  
**Transaction ID : A4F539A03BAAE4FE4987**  
 Amount of Each Receipt this Period 38.46

**B. Sarita Chakravarthi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 648 S Brooksvale Rd  
 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 & Asst Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 11 / 27 / 2015  
**Transaction ID : A9F692B7F0B124D59A3B**  
 Amount of Each Receipt this Period 23.08

**C. Kimberly Burnett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Pierce St  
 City Sparta State NJ Zip Code 07871-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, Chief HR Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 27 / 2015  
**Transaction ID : A08769E7266A64F3BB67**  
 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 101.54  
**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 52 OF 68
	<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. 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, Chief Strat Ops Offic  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 27 / 2015  
**Transaction ID : A7A9ACE8634914F508DE**  
Amount of Each Receipt this Period 100.00

**B. Thomas Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8904 Rams Crossing Ct # C  
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 Couns  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 27 / 2015  
**Transaction ID : A959B6B07F7EE4BDAA00**  
Amount of Each Receipt this Period 40.00

**C. Thomas Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8904 Rams Crossing Ct # C  
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 Couns  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : A8B5471D1A5F44769A70**  
Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**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 53 OF 68
	<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
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NAME OF COMMITTEE (In Full)  
**Selective Insurance Company of America Political Action Committee**

**A. Charles C. Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Windsor Dr  
 City Northampton State PA Zip Code 18067-1780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A0563131CE8A94814B55**  
 Amount of Each Receipt this Period  
**100.00**

**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, Chief Strat Ops Offic  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : ABF1748F35CC340EDB88**  
 Amount of Each Receipt this Period  
**100.00**

**C. Kimberly Burnett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Pierce St  
 City Sparta State NJ Zip Code 07871-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, Chief HR Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A11F81D0CE4A04F3F855**  
 Amount of Each Receipt this Period  
**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>240.00</b>
<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 54 OF 68
	<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. Sarita Chakravarthi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 648 S Brooksvale Rd  
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 & Asst Treasurer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.80

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A20C42A825BC8435D9BF**  
Amount of Each Receipt this Period  
230.80

**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 Cou  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A40FB2087B53740CD9D5**  
Amount of Each Receipt this Period  
384.60

**C. Thomas Stewart Purnell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Country Ln  
City Sparta State NJ Zip Code 07871-2911  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 646.17

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A055E6DA3B45A47B096E**  
Amount of Each Receipt this Period  
30.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 92.31  
**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 55 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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, Govt & Regulatory Af  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **769.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A73225578A21C4CDD931**  
 Amount of Each Receipt this Period  
**76.92**

**B. George Neale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7313 Harcourt Xing  
 City Fort Mill State SC Zip Code 29707-5986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, Chief Claims Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AFCAD5BE699384EAA9A5**  
 Amount of Each Receipt this Period  
**38.46**

**C. Michael Mazzarella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Ski Hill Dr  
 City Bedminster State NJ Zip Code 07921-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Underwriting  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : ADF180C3BC31C42E8993**  
 Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.38</b>
<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: PAGE 56 OF 68  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Maria Orecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 McKesson Hill Rd  
 City Chappaqua State NY Zip Code 10514-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A9688089F42584D53B80**  
 Amount of Each Receipt this Period  
 50.00

**B. Michael Lanza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 84 Sparta Ave Apt 301  
 City Sparta State NJ Zip Code 07871-6704  
 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A734138158F2B442F8CF**  
 Amount of Each Receipt this Period  
 100.00

**C. Cyndi Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Landrud Rd  
 City Sussex State NJ Zip Code 07461-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A5A57C34296DA4D64AF1**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**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 57 OF 68
	<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
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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. William O'Brien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12009 Carolina Cherry Ln  
 City Waxhaw State NC Zip Code 28173-6214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A8A278B08CFAE47B0968**  
 Amount of Each Receipt this Period  
 200.00

**B. Brian C. Sarisky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Natale Dr  
 City Sparta State NJ Zip Code 07871-3034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A6184D7154FAD455DB8C**  
 Amount of Each Receipt this Period  
 100.00

**C. Christie Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Turkey Hunt Ct  
 City Waxhaw State NC Zip Code 28173-6827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A71860CDF5BF54DACA62**  
 Amount of Each Receipt this Period  
 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	139.23
<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 58 OF 68
	<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

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. John R. Willenborg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 Westgate Dr  
 City Sparta State NJ Zip Code 07871-1352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation Field Operations Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AEC5213E2E08A42B889B**  
 Amount of Each Receipt this Period  
 11.54

**B. Allen Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Windy Brow Mnr  
 City Fredon 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, P  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A3B0124A4041E479C8E2**  
 Amount of Each Receipt this Period  
 38.46

**C. Allen Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Windy Brow Mnr  
 City Fredon 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, P  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A4D966981A6644AF9839**  
 Amount of Each Receipt this Period  
 38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88.46
<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 59 OF 68
	<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
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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. John R. Willenborg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 Westgate Dr  
 City Sparta State NJ Zip Code 07871-1352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation Field Operations Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A646E003136764B028B1**  
 Amount of Each Receipt this Period  
 11.54

**B. Christie Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Turkey Hunt Ct  
 City Waxhaw State NC Zip Code 28173-6827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : AE158A114473842619ED**  
 Amount of Each Receipt this Period  
 19.23

**C. Brian C. Sarisky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Natale Dr  
 City Sparta State NJ Zip Code 07871-3034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, C/L Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A861B68B88C4B40A8B31**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.77
<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:	PAGE 60 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. William O'Brien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12009 Carolina Cherry Ln  
 City Waxhaw State NC Zip Code 28173-6214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A11C9AAB3B76A420AB9F**  
 Amount of Each Receipt this Period  
 20.00

**B. Cyndi Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Landrud Rd  
 City Sussex State NJ Zip Code 07461-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Compensation & Benefi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : ADD0C1F7B8D7C464199F**  
 Amount of Each Receipt this Period  
 20.00

**C. Maria Orecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 McKesson Hill Rd  
 City Chappaqua State NY Zip Code 10514-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : AB166FB8FD20A4071899**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**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 61 OF 68
	<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)  
**A. Michael Mazzarella**

Mailing Address 11 Ski Hill Dr

City Bedminster State NJ Zip Code 07921-2530

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

Name of Employer Selective Insurance Company of America Occupation VP, Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015

**Transaction ID : A32AB00D94EE34FC496C**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. Michael Lanza**

Mailing Address 84 Sparta Ave Apt 301

City Sparta State NJ Zip Code 07871-6704

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 ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015

**Transaction ID : A378AF45B192A445CA4A**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 7313 Harcourt Xing

City Fort Mill State SC Zip Code 29707-5986

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015

**Transaction ID : A8E41C93A60544C21AF8**

Amount of Each Receipt this Period  
**38.46**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>158.46</b>
<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 63 OF 68
	<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	

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. Sarita Chakravarthi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 648 S Brooksvale Rd  
 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 & Asst Treasurer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **253.88**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A9F4E210D3ED8447AB4B**  
 Amount of Each Receipt this Period  
**23.08**

**B. Michael Zondory**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 824 Markland Rd  
 City Advance State NC Zip Code 27006-7026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Property Claims  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A46454036FEEA464481B**  
 Amount of Each Receipt this Period  
**250.00**

**C. Joanne Dagostino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 W Valley View Ave  
 City Hackettstown State NJ Zip Code 07840-1259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, SIU/Recovery/Complian  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A6844EFB515724D0EA14**  
 Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>293.08</b>
<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 64 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Kimberly Burnett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Pierce St  
 City Sparta State NJ Zip Code 07871-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, Chief HR Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **440.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A8E6CD38F573F474B9F1**  
 Amount of Each Receipt this Period  
**40.00**

**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, Chief Strat Ops Offic  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : AC6D08D2FDD064481870**  
 Amount of Each Receipt this Period  
**100.00**

**C. Thomas Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8904 Rams Crossing Ct # C  
 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 Couns  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A02A8572625F24BF4B42**  
 Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**  
**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: PAGE 65 OF 68  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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.** Full Name (Last, First, Middle Initial)  
**Charles C. Adams**

Mailing Address 203 Windsor Dr

City Northampton State PA Zip Code 18067-1780

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

Name of Employer Selective Insurance Company of America Occupation SVP, Regional Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 24 / 2015**

**Transaction ID : A91D033135961438685D**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>9332.26</b>

**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 checked="" 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 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. HELP UNITE REPUBLICANS TODAY POLITICAL ACTION COMMITTEE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

Mailing Address PO BOX 283

**Transaction ID : BAA57B19EC5414438841**

City State Zip Code  
CHATHAM VA 24531

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
other2015

State: District:

Full Name (Last, First, Middle Initial)

**B. INSURING OUR FUTURE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

Mailing Address 824 S MILLEDGE AVE STE 101

**Transaction ID : BA3DB9AF5A1BE4CC0B5C**

City State Zip Code  
ATHENS GA 30605

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Contribution to Political Action Committee

Category/ Type
-------------------

Candidate Name

**Rep. Dennis A. Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
other2015

State: FL District: 15

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR ROTHFUS INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

Mailing Address PO BOX 435

**Transaction ID : BEEE8E9B6413446C98EA**

City State Zip Code  
SEWICKLEY PA 15143

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Pro rata portion of Insuring our Future disbursement

Category/ Type
-------------------

Candidate Name

**Rep. Dennis A. Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

**[MEMO ITEM]**  
Pro rata portion of Insuring our Future disbursement

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

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

3000.00
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**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 checked="" 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 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. BLAINE FOR CONGRESS 2008**

Mailing Address PO BOX 1526

City Columbia State MO Zip Code 65205-1526

Purpose of Disbursement  
Pro rata portion of Insuring our Future disbursement

Candidate Name

**Rep. Dennis A. Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	2		2	0	1	5		

**Transaction ID : B5B494905CAB8434F981**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**

Pro rata portion of Insuring our Future disbursement

Full Name (Last, First, Middle Initial)

**B. WESTMORELAND FOR CONGRESS**

Mailing Address P.O. BOX 458

City SHARPSBURG State GA Zip Code 30277

Purpose of Disbursement  
Pro rata portion of Insuring our Future disbursement

Candidate Name

**Rep. Dennis A. Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	2		2	0	1	5		

**Transaction ID : B93692724F5F34329AC6**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**

Pro rata portion of Insuring our Future disbursement

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DENNIS ROSS**

Mailing Address POST OFFICE BOX

City LAKELAND State FL Zip Code 33807

Purpose of Disbursement  
Pro rata portion of Insuring our Future disbursement

Candidate Name

**Rep. Dennis A. Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	2		2	0	1	5		

**Transaction ID : B9BAB6CC707674EBAAC1**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**

Pro rata portion of Insuring our Future disbursement

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

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

0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

3	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

**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. Rep. Mike Turzai**

Mailing Address Capitol Building Room 139  
Rm 139

City Harrisburg State PA Zip Code 17120-0001

Purpose of Disbursement  
Disbursement to MiKe Turzai Leadership Fund

Candidate Name  
**Rep. Mike Turzai**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2015

**Transaction ID : BD980C9A307E34015ABF**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Tina Pickett**

Mailing Address P.O. Box 203

City WYSOX State PA Zip Code 18854

Purpose of Disbursement  
2016 Primary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2015

**Transaction ID : BCE9995338B1742C38FE**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

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)..... ▶

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

2000.00

2000.00