



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="1767.30"/>	<input type="text" value="1767.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2240.36"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2642.30"/>	<input type="text" value="4615.36"/>
(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="4882.66"/>	<input type="text" value="6382.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1000.00"/>	<input type="text" value="2500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3882.66"/>	<input type="text" value="3882.66"/>
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

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2507.68	2899.98
(ii) Unitemized .....	134.62	1715.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2642.30	4615.36
(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) .....	2642.30	4615.36
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))..... ▶	2642.30	4615.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2642.30	4615.36

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	1000.00	2500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	2500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	2500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2642.30	4615.36
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2642.30	4615.36
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 9
	<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. Jeffrey Beck**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Whitefield Dr

City Lafayette Hill State PA Zip Code 19444-1648

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **04 / 04 / 2014**

**Transaction ID : 5B170ECAB6A54AEB9789**

Amount of Each Receipt this Period **76.92**

**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, Government and Regulatory Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **04 / 18 / 2014**

**Transaction ID : 455F0F2D85484ECEAAA4**

Amount of Each Receipt this Period **76.92**

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

Mailing Address 54 Lee Rd

City Livingston State NJ Zip Code 07039-4134

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt **04 / 04 / 2014**

**Transaction ID : 09E13AE354FE4AC5A6C7**

Amount of Each Receipt this Period **38.46**

**SUBTOTAL** of Receipts This Page (optional)..... **192.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9
	<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. Stephen Crosta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 Lee Rd  
 City Livingston State NJ Zip Code 07039-4134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2014  
**Transaction ID : 43068E00630D4C639F3F**  
 Amount of Each Receipt this Period  
 38.46

**B. Michael Lanza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1495  
 City Sparta State NJ Zip Code 07871-5495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2014  
**Transaction ID : 61805FF13F64472596EE**  
 Amount of Each Receipt this Period  
 100.00

**C. Michael Lanza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1495  
 City Sparta State NJ Zip Code 07871-5495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2014  
**Transaction ID : C86029198AE545989A82**  
 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 8 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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. Gregory Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 Curtis Point Dr  
 City Mantoloking State NJ Zip Code 08738-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2014  
**Transaction ID : 406A57E2483D4E4A8800**  
 Amount of Each Receipt this Period  
**2000.00**

**B. George Neale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10029 Daufuskie Dr  
 City Charlotte State NC Zip Code 28278-9041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief Claims Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **307.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2014  
**Transaction ID : 3FCA6CE1C8E249568377**  
 Amount of Each Receipt this Period  
**38.46**

**C. George Neale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10029 Daufuskie Dr  
 City Charlotte State NC Zip Code 28278-9041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief Claims Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **307.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2014  
**Transaction ID : 0A4D864491674E948936**  
 Amount of Each Receipt this Period  
**38.46**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2076.92</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2507.68</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. Scott Garrett for Congress**

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Scott Garrett**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2014

Transaction ID : CAC17881FED7AB02D38

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

1000.00