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Image# 14960910568

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FUNI	W 3A	For Other	Than An Aut	horized	I Committ	tee		Office U	se Only	
1. NAME COMMI	OF TTEE (in full)	TYPE OR	PRINT ▼		mple: If typing the lines.	ing, type	12FE4	M5		
Selectiv	e Insurance (Company	of America F	Politica	l Action (Committee	9			1
		1.40.10/2014								
ADDRESS (number and street)	40 Want	age Ave							
	eck if different									
	n previously ported. (ACC)	Branchv	ille				NJ	07890)	
2. FEC I D	ENTIFICATION	NUMBER ▼	CI	TΥ▲			STATE A		ZIP COD	DE 🛦
С	C00550889			S THIS REPORT	\	NEW (N) OR		AMENDED (A)		
4. TYPE (Choose	OF REPORT e One)	(b) Mor Rep Due	oort On:	20 (M2)	×	May 20 (M5)		Aug 20 (M8)	ш	Nov 20 (M11) (Non-Election Year Only)
(a) Qu	(a) Quarterly Reports:				Jun 20 (M6)			Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
П	April 15 Quarterly Report	(01)	Apr	20 (M4)	Ш	Jul 20 (M7)		Oct 20 (M10)	Щ.	Jan 31 (YE)
П	July 15	(C)	PRE-Election		Primary (12	P)	Gene	eral (12G)		Runoff (12R)
П	Quarterly Report October 15	(Q2)	Report for the:		Convention	(12C)	Spec	cial (12S)		
	Quarterly Report January 31	(Q3)			M = M /	D D /	Y Y Y	■ Y	in the	
	Year-End Report July 31 Mid-Year	.	Election	on on					State of	
Ш	Report (Non-elective Year Only) (MY)		30-Day POST-Election Report for the:		General (30	G)	Runo	off (30R)		Special (30S)
	Termination Repo (TER)	ort	Election	on on	M = M /	D = D /	Y " Y " Y	Y	in the State of	
5. Coverin	g Period	04 01		Y	through	M M 04_	/ D D	20	Y Y 14	
I certify that	I have examined	this Report a	and to the best o	f my knov	wledge and	belief it is tru	e, correct	and comple	te.	
Type or Prin	nt Name of Treasu	ırer Jeffrey F	. Beck							
Signature of	Treasurer Je	ffrey F. Beck			[Electronical	ly Filed]	ate	05 / 19	D /	2014
NOTE: Subm	nission of false, erro	oneous, or inc	omplete informatio	n may su	bject the pe	rson signing th	is Report	to the penalti	es of 2 U	.S.C. §437g.
	ffice								FORI	
	Jse Only							F	Rev. 12/20	04

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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 2014 04 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1767.30 January 1, 2014 (b) Cash on Hand at 2240.36 Beginning of Reporting Period..... 4615.36 2642.30 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 4882.66 6382.66 6(a) and 6(c) for Column B)..... 1000.00 2500.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 3882.66 3882.66 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

butions (other than loans) From: ndividuals/Persons Other than Political Committees) Itemized (use Schedule A)	2507.68	2899.98
han Political Committees) Itemized (use Schedule A)	2507.68	2899.98
) Itemized (use Schedule A)	2507.68	2899.98
	2507.68	2899.98
i) Unitemized	134.62	1715.38
ii) TOTAL (add Lines 11(a)(i) and (ii)▶	2642.30	4615.36
olitical Party Committees	0.00	0.00
	0.00	0.00
	7	0.00
	2642.20	4615.36
	2042.30	4013.30
Committees	0.00	0.00
and Deschool	0.00	0.00
ans Received	7	0.00
Panayments Passiyed	0.00	0.00
	7	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
· ·		
	0.00	0.00
		,
from Schedule H3)	0.00	0.00
	0.00	
vin Funds (from Schedule H5)	0.00	0.00
tal Transfers (add 18(a) and 18(b))	0.00	0.00
	Political Party Committees Such as PACs)	rolitical Party Committees

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		
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calchan Tour-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) New Federal Obers	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00		
Transfers to Affiliated/Other Party		0.00		
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	1000.00	2500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E)				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
E	200	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
That I olitical committees	, , , ,	7		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees		0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
F	222	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	0.00	5.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	2500.00		
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2642.30	4615.36
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2642.30	4615.36
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. 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:			PAGE		6	OF	9		
(ch	(check only one)								
>	1 1a		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.

or for commercial purposes, other than using	g the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Selective Insurance Compar	ny of America Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Jeffrey Beck Mailing Address 4 Whitefield Dr		Date of Receipt
		04 04 2014
City	State Zip Code PA 19444-1648	Transaction ID: 5B170ECAB6A54AEB9789
Lafayette Hill	PA 19444-1648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.92
Name of Employer	Occupation	1
Selective Insurance Company of America	SVP, Government and Regulatory Affairs	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	615.36	
Full Name (Last, First, Middle Initial) 3. Jeffrey Beck	<u> </u>	Date of Receipt
Mailing Address 4 Whitefield Dr		04 18 _2014 _
City	State Zip Code	Transaction ID: 455F0F2D85484ECEAAA4
Lafayette Hill	PA 19444-1648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.92
Name of Employer	Occupation	1
Selective Insurance Company of America	SVP, Government and Regulatory Affairs	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	615.36	
Full Name (Last, First, Middle Initial) C. Stephen Crosta		Date of Receipt
Mailing Address 54 Lee Rd		04 04 _2014 _
City	State Zip Code	Transaction ID: 09E13AE354FE4AC5A6C7
Livingston	NJ 07039-4134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	1
Selective Insruance Company of America	VP, Assistant General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	269.22	
SUBTOTAL of Receipts This Page (optional	ıl)	192.30
	<u>, </u>	
TOTAL This Period (last page this line num	nber only)	

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

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

FOR LIN	NE NUMBER	: PAGE	= 7 OF	9				
(check c	(check only one)							
X 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

	the name and address of any political committee to	
Selective Insurance Company	of America Political Action Commit	tee
Full Name (Last, First, Middle Initial) Stephen Crosta	Date of Receipt	
Mailing Address 54 Lee Rd		04 18 2014
City	State Zip Code	Transaction ID: 43068E00630D4C639F3F
Livingston	NJ 07039-4134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	
Selective Insruance Company of America	VP, Assistant General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	333 12	
Other (specify) ▼	269.22	
Full Name (Last, First, Middle Initial) 3. Michael Lanza		Date of Receipt
Mailing Address PO Box 1495		04 04 2014
City	State Zip Code	Transaction ID : 61805FF13F64472596EE
Sparta	NJ 07871-5495	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Selective Insurace Company of America	EVP, General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) C. Michael Lanza		Date of Receipt
Mailing Address PO Box 1495		04 18 _ 2014 _
City	State Zip Code	Transaction ID : C86029198AE545989A82
Sparta	NJ 07871-5495	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer		
Selective Insurace Company of America	Occupation EVP, General Counsel	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional).		238.46
TOTAL This Period (last page this line number	<u>·</u>	

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

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

FOR LINE NUMBER:				PAGE		8	OF	9		
ı	(check only one)									
	X	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

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Selective Insurance Company (of America Political Action Commit	tee
Full Name (Last, First, Middle Initial) Gregory Murphy Mailing Address 119 Curtis Point Dr		Date of Receipt
	04 04 2014	
City	State Zip Code	Transaction ID : 406A57E2483D4E4A8800
Mantoloking	NJ 08738-1202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2000.00
Name of Employer	Occupation	
Selective Insurance Company of America		
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) 3. George Neale		Date of Receipt
Mailing Address 10029 Daufuskie Dr		04 04 2014
City	State Zip Code	Transaction ID: 3FCA6CE1C8E249568377
Charlotte	NC 28278-9041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	
Selective Insurance Company of America	SVP, Chief Claims Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	
Full Name (Last, First, Middle Initial) C. George Neale		Date of Receipt
Mailing Address 10029 Daufuskie Dr		04 18 2014
City Charlotte	State Zip Code NC 28278-9041	Transaction ID: 0A4D864491674E948936 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	
Selective Insurance Company of America	SVP, Chief Claims Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	307.68	
SUBTOTAL of Receipts This Page (optional)		2076.92
TOTAL This Period (last page this line number	<u></u>	2507.68

SCHEDULE B (FEC Form 3X)		PAGE 9 OF 9					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	nly one)				
	Detailed Summary Page	27	28a 28b	24 25 26 28c 29 30k			
Any information copied from such Reports and Staten or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	e and address of any politica	u commutee to	SOUCH CONTINUUTORS	nom Such Committee.			
Selective Insurance Company of A	merica Political Actio	on Commit	tee				
Full Name (Last, First, Middle Initial)							
A. Scott Garrett for Congress			Date of Disbursement				
Mailing Address PO Box 905			04 07				
•	State Zip Code NJ 07860		Transaction ID :	CAC17881FED7AB02D38			
Newton Purpose of Disbursement	NJ 07860						
2014 Primary Candidate Name		011	Amount of Each [Disbursement this Period			
Scott Garrett		Category/ Type		1000.00			
	nent For: 2014 Primary General Other (specify)						
State: NJ District: 05	· · · · · · · · · · · · · · · · · · ·						
Full Name (Last, First, Middle Initial) B.			Date of Disbursen	nent			
			M = M / D = I				
Mailing Address							
City	State Zip Code						
Purpose of Disbursement			Amount of Each Disbursement this Pe				
Candidate Name		Category/ Type					
Office Sought: House Disbursen Senate President State: District:	nent For: Primary General Other (specify)						
Full Name (Last, First, Middle Initial)							
c.	· · · · · · · · · · · · · · · · · · ·						
Mailing Address	Mailing Address						
City	State Zip Code						
Purpose of Disbursement	Purpose of Disbursement						
Candidate Name		Category/ Type	Amount of Each [Disbursement this Period			
Office Sought: House Disburser	nent For: Primary General Other (specify)	,,					
				1000.00			
SUBTOTAL of Disbursements This Page (optional)		·····•		1000.00			
TOTAL This Period (last page this line number only)				1000.00			