

**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="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="5049.50"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21210.03"/>	<input type="text" value="21210.03"/>
(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="26259.53"/>	<input type="text" value="26259.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="7000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19259.53"/>	<input type="text" value="19259.53"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	17261.87	17261.87
(ii) Unitemized	3948.16	3948.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21210.03	21210.03
(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)	21210.03	21210.03
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))..... ▶	21210.03	21210.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21210.03	21210.03

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.....	2000.00	2000.00
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	5000.00	5000.00
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)) ..	7000.00	7000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	7000.00

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)	21210.03	21210.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21210.03	21210.03
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: PAGE 6 OF 44
(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. 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, Mid-Atlantic Region Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : F6DCF33921A14E4DBF9A
 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, Mid-Atlantic Region Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : B874D0F7039A432F9D92
 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, Mid-Atlantic Region Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 2E5075728FE147DD84C0
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 7 OF 44
	(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. 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, Mid-Atlantic Region Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : F1DF454DC0094EBD9670

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, Mid-Atlantic Region Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015

Transaction ID : FD8911A920BF498B8D94

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, Mid-Atlantic Region Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2015

Transaction ID : 286CF8F7B10142A79C3C

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 8 OF 44
	<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, Mid-Atlantic Region Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : 74F75D39BECB4EA8AA45
 Amount of Each Receipt this Period
 100.00

B. Allen H. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Windy Brow Mnr
 City Newton State NJ Zip Code 07860-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief U/W Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : 5724B33D3F4E4D46AA6C
 Amount of Each Receipt this Period
 38.46

C. Allen H. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Windy Brow Mnr
 City Newton State NJ Zip Code 07860-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief U/W Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : B0398D750A934F52A94C
 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 9 OF 44
	<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. Allen H. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Windy Brow Mnr
 City Newton State NJ Zip Code 07860-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief U/W Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 9B25FAACD15B40C1AE92
 Amount of Each Receipt this Period
 38.46

B. Allen H. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Windy Brow Mnr
 City Newton State NJ Zip Code 07860-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief U/W Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 7CC60E4CFA11426389AF
 Amount of Each Receipt this Period
 38.46

C. Allen H. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Windy Brow Mnr
 City Newton State NJ Zip Code 07860-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief U/W Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 85484EAD56EA48968109
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional).....	115.38
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 10 OF 44
	<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. Allen H. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Windy Brow Mnr
 City Newton State NJ Zip Code 07860-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief U/W Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 37A7CF2325914311B3B5
 Amount of Each Receipt this Period
 38.46

B. Allen H. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Windy Brow Mnr
 City Newton State NJ Zip Code 07860-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief U/W Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : 5B9B19A9B44E4E3B84F4
 Amount of Each Receipt this Period
 38.46

C. Allen H. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Windy Brow Mnr
 City Newton State NJ Zip Code 07860-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief U/W Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : 4C5BEE0FDAB9422491CF
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 11 OF 44
	<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, Government and Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
02 / 06 / 2015
Transaction ID : 54DD43F95F434DED8484

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 ▼ 999.96

Date of Receipt
02 / 20 / 2015
Transaction ID : 9A3B03014E234EB49CAB

Amount of Each Receipt this Period
76.92

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

Mailing Address 4 Whitefield Dr

City Lafayette Hill State PA Zip Code 19444-1648

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
03 / 06 / 2015
Transaction ID : BA1BCFE72C714AEDA7B4

Amount of Each Receipt this Period
76.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.76

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 12 OF 44
	<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, Government and Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
03 / 20 / 2015
Transaction ID : 5403B747DFF541AE8E96

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 ▼ 999.96

Date of Receipt
04 / 03 / 2015
Transaction ID : D47A7B74EE92417797E7

Amount of Each Receipt this Period
76.92

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

Mailing Address 4 Whitefield Dr

City Lafayette Hill State PA Zip Code 19444-1648

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
04 / 17 / 2015
Transaction ID : 30C83E6B193948C0AC28

Amount of Each Receipt this Period
76.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.76

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 44
	<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. 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 999.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 04EE640E80AC43FCA397
 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 999.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 46DCCCE01D0440388120
 Amount of Each Receipt this Period
 76.92

C. Jeffrey Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Whitefield Dr
 City Lafayette Hill State PA Zip Code 19444-1648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Government and Regulatory Affairs
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 999.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 86AA5BEE87AE4185B864
 Amount of Each Receipt this Period
 76.92

SUBTOTAL of Receipts This Page (optional).....	230.76
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 44
	<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. 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 ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : 0F4FB5D8243D43548FC5
 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 ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : 207F9CD57F9445C5BD7F
 Amount of Each Receipt this Period
 76.92

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 Vice President, Compensation and Benef
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : F429F09D91844957AF19
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	173.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 44
	<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. 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 Vice President, Compensation and Benef
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : C29284E4FCF147108564
 Amount of Each Receipt this Period
 200.00

B. 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 Executive Vice President, Human Resour
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : EC2D9C13F45145EF8288
 Amount of Each Receipt this Period
 40.00

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 Executive Vice President, Human Resour
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : BEC9175F814F4F6C870F
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 16 OF 44
	<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 Executive Vice President, Human Resour
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 83CFE1044C7944A4B8CA
 Amount of Each Receipt this Period
 40.00

B. 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 Executive Vice President, Human Resour
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : F017B309EB114CA4949C
 Amount of Each Receipt this Period
 40.00

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 Executive Vice President, Human Resour
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2177B1B46D944E6AC3B
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 17 OF 44
	<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. 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 Executive Vice President, Human Resour
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt 05 / 29 / 2015
Transaction ID : 49515F3D68704A4AA950
Amount of Each Receipt this Period 40.00

B. 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 Executive Vice President, Human Resour
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 12 / 2015
Transaction ID : D0A8831365BF46ACBDE1
Amount of Each Receipt this Period 40.00

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 Executive Vice President, Human Resour
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 26 / 2015
Transaction ID : 037A44555E7349F7B781
Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
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 18 OF 44
(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. 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 & Assitant Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : DFC4B352F5B44863B54D
 Amount of Each Receipt this Period
 23.08

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 & Assitant Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 3F355145E6E9432CAC6A
 Amount of Each Receipt this Period
 23.08

C. 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 & Assitant Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 09AE0987645745809A41
 Amount of Each Receipt this Period
 23.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.24
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 19 OF 44
	<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
-----------------------------	-----------------------------	-----------------------------

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 & Assitant Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : 54BEFD80DF4A435F96E1
 Amount of Each Receipt this Period
 23.08

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 & Assitant Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : 7B7C1E11DFB74A4BA5EF
 Amount of Each Receipt this Period
 23.08

c. Thomas M. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 8904 Rams Crossing Ct
 City North Chesterfield State VA Zip Code 23236-1388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Claims General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 682C8E1D90AC45CBB853
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	71.16
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 20 OF 44
	<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 M. Clark
Full Name (Last, First, Middle Initial)

Mailing Address 8904 Rams Crossing Ct

City North Chesterfield State VA Zip Code 23236-1388

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

Name of Employer Selective Insurance Company of America Occupation SVP, Claims General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **05 / 15 / 2015**
Transaction ID : 6C00DC04DFC24A6CACEE

Amount of Each Receipt this Period **25.00**

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

Mailing Address 8904 Rams Crossing Ct

City North Chesterfield State VA Zip Code 23236-1388

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

Name of Employer Selective Insurance Company of America Occupation SVP, Claims General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **05 / 29 / 2015**
Transaction ID : 53BE0D17BEBE49E5A2F1

Amount of Each Receipt this Period **25.00**

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

Mailing Address 8904 Rams Crossing Ct

City North Chesterfield State VA Zip Code 23236-1388

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

Name of Employer Selective Insurance Company of America Occupation SVP, Claims General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 12 / 2015**
Transaction ID : 77A84B42BDA04DB08241

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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 21 OF 44
	<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. Thomas M. Clark
Full Name (Last, First, Middle Initial)

Mailing Address 8904 Rams Crossing Ct

City North Chesterfield State VA Zip Code 23236-1388

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

Name of Employer Selective Insurance Company of America Occupation SVP, Claims General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 26 / 2015**

Transaction ID : D5F6A86EEF5E4C2A9092

Amount of Each Receipt this Period **25.00**

B. Stephen D. 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 ▼ **499.98**

Date of Receipt **03 / 20 / 2015**

Transaction ID : A1B011D46CF746808F78

Amount of Each Receipt this Period **38.46**

C. Stephen D. 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 ▼ **499.98**

Date of Receipt **04 / 03 / 2015**

Transaction ID : B1F899EA496D45619204

Amount of Each Receipt this Period **38.46**

SUBTOTAL of Receipts This Page (optional)..... **101.92**

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 22 OF 44
	<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 D. 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 499.98

Date of Receipt **04 / 17 / 2015**
Transaction ID : 78128F0EA83E4FB88AF8
 Amount of Each Receipt this Period 38.46

B. Stephen D. 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 499.98

Date of Receipt **05 / 01 / 2015**
Transaction ID : 160D62C451A64F858A91
 Amount of Each Receipt this Period 38.46

C. Stephen D. 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 499.98

Date of Receipt **05 / 15 / 2015**
Transaction ID : 3BEE210398B245478093
 Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional)..... **115.38**
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 23 OF 44
	<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. Stephen D. 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 **499.98**

Date of Receipt **05 / 29 / 2015**
Transaction ID : 9D9C317C75E34F5DB8D7
 Amount of Each Receipt this Period **38.46**

B. Stephen D. 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 **499.98**

Date of Receipt **06 / 12 / 2015**
Transaction ID : D1C35DDFEC1840289CC7
 Amount of Each Receipt this Period **38.46**

C. Stephen D. 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 **499.98**

Date of Receipt **06 / 26 / 2015**
Transaction ID : 490493AA50B341CBA004
 Amount of Each Receipt this Period **38.46**

SUBTOTAL of Receipts This Page (optional).....	115.38
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 24 OF 44
	<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
-----------------------------	-----------------------------	-----------------------------

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. Gordon Gaudet
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Island Trl
 City Sparta State NJ Zip Code 07871-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation EVP, Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2015
Transaction ID : EBF0B410845496AA2AB
 Amount of Each Receipt this Period
 2500.00

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, Field Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2015
Transaction ID : A29EE245AC6848CCA822
 Amount of Each Receipt this Period
 50.00

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, Field Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : EFB9971D14394874B540
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	2650.00
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 25 OF 44
	<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	

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, Field Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : 9123D33F69BF479783B0
 Amount of Each Receipt this Period
 100.00

B. 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 ▼
 1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 6EF18BB328B84142BEA8
 Amount of Each Receipt this Period
 100.00

C. 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 ▼
 1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 8856FFCE73AB4F95AAAB
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 26 OF 44
	<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
-----------------------------	-----------------------------	-----------------------------

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, Field Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : E445EF8ADE1A48638618
 Amount of Each Receipt this Period
 100.00

B. 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 ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 764D13AC4DB24A2BABDC
 Amount of Each Receipt this Period
 100.00

C. 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 ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : 49618E3FBB054261854C
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 44
	<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 ▼
 1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : 92DA6BE40B3A4CB5805A
 Amount of Each Receipt this Period
 100.00

B. Michael H. Lanza
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1495
 City State Zip Code
 Sparta NJ 07871-5495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Selective Insurance Company of America EVP, General Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2015
Transaction ID : 14DEA3F8CC774925902A
 Amount of Each Receipt this Period
 100.00

C. Michael H. Lanza
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1495
 City State Zip Code
 Sparta NJ 07871-5495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Selective Insurance Company of America EVP, General Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 463419874C6944A0826C
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 28 OF 44
	<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. Michael H. 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 **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2015
Transaction ID : F77B3A57862B4C46A65E
 Amount of Each Receipt this Period
100.00

B. Michael H. 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 **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2015
Transaction ID : 84F855B62B6A4275ACB7
 Amount of Each Receipt this Period
100.00

C. Michael H. 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 **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2015
Transaction ID : 736F17F0D2494A6595C1
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 44
	<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 H. 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 **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 17 / 2015
Transaction ID : 45DD39FD9950414FB1C7
 Amount of Each Receipt this Period
100.00

B. Michael H. 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 **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 01 / 2015
Transaction ID : 503E93967319414DA3B7
 Amount of Each Receipt this Period
100.00

C. Michael H. 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 **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : 1BD7CF254D7E462799EF
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	300.00
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 30 OF 44
	<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 H. 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 ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 5F8C7C9756ED49E99D4E
 Amount of Each Receipt this Period
 100.00

B. Michael H. 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 ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : 3EF8CEBEB8F549FFB7CB
 Amount of Each Receipt this Period
 100.00

C. Michael H. 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 ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : 1B6D5CFAE191468C8B76
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 31 OF 44
	<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. John J. Marchioni
Full Name (Last, First, Middle Initial)

Mailing Address 2 Manor Dr

City Byram Township State NJ Zip Code 07821-3536

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

Name of Employer Selective Insurance Company of America Occupation President and COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015

Transaction ID : CC6DA0F19A9C42228A91

Amount of Each Receipt this Period
 2500.00

B. Gregory E. 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 ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015

Transaction ID : 7F04F39D679546419AA7

Amount of Each Receipt this Period
 4000.00

C. Charles Musilli III
Full Name (Last, First, Middle Initial)

Mailing Address 3 Linquenda Dr

City Wantage State NJ Zip Code 07461-2739

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

Name of Employer Selective Insurance Company of America Occupation Senior Vice President, Chief Field Ope

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2015

Transaction ID : 41F03D526B7B41298802

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
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 32 OF 44
	<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. George A. 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 ▼ 499.98

Date of Receipt 03 / 20 / 2015
Transaction ID : 79BB4F69BB6C41C2BFC5

Amount of Each Receipt this Period 38.46

B. George A. 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 ▼ 499.98

Date of Receipt 04 / 03 / 2015
Transaction ID : 22F77F824A8645809265

Amount of Each Receipt this Period 38.46

C. George A. 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 ▼ 499.98

Date of Receipt 04 / 17 / 2015
Transaction ID : 95E584BE3EAF42CF90E7

Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.38

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 33 OF 44
	<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. George A. 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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 482521A4B80A4DAC8D4A
 Amount of Each Receipt this Period
 38.46

B. George A. 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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 3EA9DAE029B141628873
 Amount of Each Receipt this Period
 38.46

C. George A. 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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 7264770BAF81403C8724
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 34 OF 44
	<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. George A. 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 ▼ 499.98

Date of Receipt 06 / 12 / 2015
Transaction ID : 0406755F804740DBB989

Amount of Each Receipt this Period 38.46

B. George A. 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 ▼ 499.98

Date of Receipt 06 / 26 / 2015
Transaction ID : B7075FD5F8A04E9B901C

Amount of Each Receipt this Period 38.46

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 Vice President, General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 06 / 2015
Transaction ID : EA84400DD7864ADA8358

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.92

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:	PAGE 35 OF 44
	(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"/> 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 Vice President, General Counsel
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : 4806C62B1C9D4C4C817F

Amount of Each Receipt this Period

50.00

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 Vice President, General Counsel
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

Transaction ID : EF2131F8209F4BB48776

Amount of Each Receipt this Period

50.00

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 Vice President, General Counsel
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

Transaction ID : 7FFFB4FFE8484136863F

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 36 OF 44
	(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. 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 Vice President, General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Date of Receipt
05 / 01 / 2015
Transaction ID : **B7EBEF44134245B4AA00**
Amount of Each Receipt this Period
50.00

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 Vice President, General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Date of Receipt
05 / 15 / 2015
Transaction ID : **C81F72E79B20479AAB9B**
Amount of Each Receipt this Period
50.00

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 Vice President, General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Date of Receipt
05 / 29 / 2015
Transaction ID : **C0F155B403354C33BF67**
Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 37 OF 44
(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. 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 Vice President, General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : 7C29B820781A4B3997B9
 Amount of Each Receipt this Period
 50.00

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 Vice President, General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : 5CCC04411C4E4938A5DA
 Amount of Each Receipt this Period
 50.00

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 Manager, Northeast Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.93

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : E89E28F1CB5E4FA28555
 Amount of Each Receipt this Period
 30.77

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 38 OF 44
	<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 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 Manager, Northeast Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.93

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : 475FC90DB7D7465695A8
 Amount of Each Receipt this Period
 30.77

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 Manager, Northeast Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.93

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : EAA5AA778E4E4586B31A
 Amount of Each Receipt this Period
 30.77

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 Executive Vice President, Specialty In
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : B95C351FCAAA4E4C908D
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 161.54
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 39 OF 44
	<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 Executive Vice President, Specialty In
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : EEB227359E4940299645
 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 Executive Vice President, Specialty In
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : F76A5102FA5349F18BB0
 Amount of Each Receipt this Period
 100.00

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 Executive Vice President, Specialty In
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 8BEE0ABEA2AE46489582
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 40 OF 44
	<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 Executive Vice President, Specialty In
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : CE740377706C4EA49707
 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 Executive Vice President, Specialty In
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : 8A09512EED7949749578
 Amount of Each Receipt this Period
 100.00

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 Executive Vice President, Specialty In
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : 98A8D9EAB80846298A82
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 41 OF 44
(check only one)

<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. Full Name (Last, First, Middle Initial)
Ronald Zaleski Sr.

Mailing Address 29 Manor Dr

City Byram Township State NJ Zip Code 07821-3535

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

Name of Employer Selective Insurance Company of America Occupation Executive Vice President, Chief Actuar

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
 03 / 12 / 2015

Transaction ID : 5FB3A173AB95477CB767

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	17261.87

**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
2016 Primary

011

Candidate Name

Scott Garrett

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

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

Transaction ID : 2CF6D45402CF6849ED0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Shelby for U S Senate

Mailing Address Post Office Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement
2016 Primary

011

Candidate Name

Richard Craig Shelby

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	5

Transaction ID : 092B85C1D85E6084FC1

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	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. Build PA PAC

Mailing Address 816 Highfield Court

City Corapolis State PA Zip Code 15108

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2015

Transaction ID : 4898BA75B12B5F1D047

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Don White

Mailing Address P.O. Box 363

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : 74E9496A31CCF016A48

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hogan for Governor

Mailing Address 2635 Riva Road, Suite 100

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : 19F61A1B327FC19930D

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**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. Pennsylvania Insurance PAC (PIPAC)

Mailing Address 1600 Market Street
Suite 1720

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Nonfederal Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 1CD724698C6D2E4BFD6

Amount of Each Disbursement this Period

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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