Image# 201612139040606666				PAGE 1 / 15
	EPORT OF RE ND DISBURSE Other Than An Authoriz	EMENTS		Office Use Only
1. NAME OF TYP	PE OR PRINT V	Example: If typing, t	ype 12EE4M	
COMMITTEE (in full)		over the lines.	12FE4M	15
Selective Insurance Com	pany of America Politi	cal Action Cor		
ADDRESS (number and street)	0 Wantage Ave			
Check if different				
than previously reported. (ACC)	Branchville		NJ	07890
2. FEC IDENTIFICATION NUMB	ER ▼ CITY ▲		STATE 🔺	ZIP CODE
C C00550889	3. IS THI REPO	- v	OR AN	MENDED)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20 (I			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20 (N	/l4) Jul 2	20 (M7) Oct	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General	(12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)) Special	(12S)
January 31 Year-End Report (YE)	Election on	M M / D	D / Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election X Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election on		D / Y Y Y Y 2016	in the State of
5. Covering Period	/ D D / Y Y Y Y 01 2016	through	11 / D D /	2016
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my l Beck, Jeffrey, , ,	knowledge and belie	f it is true, correct an	d complete.
Signature of Treasurer	rey, , ,	[Electronically File	ed] Date 12	13 / Y Y Y Y 2016
NOTE: Submission of false, erroneous	, or incomplete information may	v subject the person s	signing this Report to t	he penalties of 52 U.S.C. § 3010
Office Use Only				FEC FORM 3X Rev. 05/2016

12/13/2016 15 : 47

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

Selective Insurance Company of America Political Action Committee

R	eport Covering the Period: From:		11 / D D / Y Y Y Y 28 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		25971.49
	(b) Cash on Hand at Beginning of Reporting Period	36124.99	
	(c) Total Receipts (from Line 19)	4225.68	38129.35
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	40350.67	64100.84
7.	Total Disbursements (from Line 31)	1500.00	24200.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38850.67	39900.84
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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. 05/2016)

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

Re	eport Covering the Period: From: 10	01 2016 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)	4209.68	33091.40
	(),		
	(ii) Unitemized	16.00	5037.95
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	4225.68	38129.35
		0.00	0.00
	(b) Political Party Committees		
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines	4	47. 47
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	4225.68	38129.35
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	7 7 7	
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
	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	0.00	0.00
	(from Schedule H3)	0.00	0.00
		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))▶	4225.68	38129.35
	-		
20.	Total Federal Receipts	1005.00	
	(subtract Line 18(c) from Line 19)▶	4225.68	38129.35

-7 10

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4	
II. Disbursements	COLUMN A Total This Period	COLUMN B	
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
(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	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	4000.00	
Independent Expenditures (use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
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	
Other Disbursements (Including Non-Federal Donations)	500.00	20200.00	
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	20))		
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00	
(c) Total Federal Election Activity (add	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1500.00	24200.00	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)►	1500.00	24200.00	

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

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							4225.68
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1.1							0.00
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- [38129.35
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							0.00
			7			7	0.00
				1			0.00
	1	1	7	1	1	7	
	1						0.00

COLUMN B

Calendar Year-to-Date



FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)		
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma	y not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)					
\rangle	Selective Insurance Company of	of America	a Political Action Com	nittee		
Α.	Full Name of Individual (Last, First, Middle Ini Adams, Charles, C., ,	itial) or Full O	rganization Name	Date of Receipt		
	Mailing Address 203 Windsor Dr			M M / D D / Y Y Y Y 11 25 2016		
	City Northampton	State PA	Zip Code 18067-1780	Transaction ID : ABBC727B246334F33A5 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		92.32		
	Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item		
	Selective Insurance Company of America	SVP	, Regional Manager	Payroll Deduction: \$23.08/Bi-Weekly		
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General			1		
	Other (specify) v		1015.44	1		
P	Full Name of Individual (Last, First, Middle Ini Anderson, Allen, , ,	itial) or Full O	rganization Name	Date of Receipt		
р.	Mailing Address 2 Windy Brow Mnr					
			11 25 2016			
	City	State	Zip Code	Transaction ID : A0C319830AA0D436CAD		
	Fredon	NJ	07860-5381	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		153.84		
	Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Chief U/W Officer, P	Memo Item Payroll Deduction: \$38.46/Bi-Weekly		
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General			1		
	Other (specify) v		, 923.04			
с.	Full Name of Individual (Last, First, Middle Ini Anthony, John, , ,	itial) or Full O	rganization Name	Date of Receipt		
	Mailing Address 2727 N Price Rd Unit 75			M M / D D / Y Y Y Y 11 25 2016		
	City	State	Zip Code	Transaction ID : A54D29630DCE4452D8F		
	Chandler	AZ	85224-4985	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		100.00			
	Name of Employer (for Individual)	Оссі	pation (for Individual)	Memo Item		
	Selective Insurance Company of America	VP,	Regional Manager	Payroll Deduction: \$25.00/Bi-Weekly		
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General		150.00	1		
	Other (specify)		450.00	1		
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			346.16		

FOR LINE NUMBER:

PAGE

7 OF

		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPT	5	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, o	ther than using the name and a	ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
Full Name of Individual (La A. Beck, Jeffrey, , , Mailing Address 4 Whitefie	st, First, Middle Initial) or Full O	rganization Name	Date of Receipt			
City Lafayette Hill	State PA	Zip Code 19444-1648	11 25 2016 Transaction ID : AC85C664592E446F1BF7 Amount of Each Receipt this Period			
FEC ID number of contribution federal political committee.	ting		307.68			
Name of Employer (for Ind Selective Insurance Compa Receipt For: Primary Gen Other (specify) ▼	ny of America SVF	upation (for Individual) P, Govt & Regulatory Af Year-to-Date ▼ 1846.08	Payroll Deduction: \$76.92/Bi-Weekly			
Full Name of Individual (La B. Bennett, Cyndi, , , Mailing Address 10 Landru	ust, First, Middle Initial) or Full O	rganization Name	Date of Receipt			
City Sussex	State NJ	Zip Code 07461-4003	Transaction ID : A0352B883435E48D1A53 Amount of Each Receipt this Period			
FEC ID number of contribu federal political committee. Name of Employer (for Ind		upation (for Individual)	80.00			
Selective Insurance Compare Receipt For: Primary Gen Other (specify) ▼	·	Compensation & Benefi Year-to-Date ▼ 480.00	Payroll Deduction: \$20.00/Bi-Weekly			
Full Name of Individual (La Burnett, Kimberly, , Mailing Address 16 Pierce		rganization Name	Date of Receipt			
City	State NJ	Zip Code	11 10 2016 Transaction ID : AEADBB61979F6453D833			
Sparta FEC ID number of contribu federal political committee.		07871-2711	Amount of Each Receipt this Period			
Name of Employer (for Ind Selective Insurance Compa Receipt For:	ny of America EVP	upation (for Individual) , Chief HR Officer Year-to-Date ▼	Memo Item Payroll Deduction: \$75.00/Bi-Weekly			
Other (specify)		1515.00				
SUBTOTAL of Receipts This	Page (optional)	••••••	612.68			
TOTAL This Period (last pag	e this line number only)	••••••				

FOR LINE NUMBER:

PAGE 8 OF

IT.			Use separate schedule(s)	(check only one)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □				
				person for the purpose of soliciting contributions e to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	Selective Insurance Company	of America	a Political Action Com	nittee				
А.	Full Name of Individual (Last, First, Middle Ir Chakravarthi, Sarita, , ,	nitial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 648 S Brooksvale Rd							
	City Cheshire	State CT	Zip Code 06410-3517	Transaction ID : A44443285DF0C47598 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		92.32				
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item				
	Selective Insurance Company of America	SVF	P, Tax & Asst Treasurer	Payroll Deduction: \$23.08/Bi-Weekly				
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General		550.00	1				
	Other (specify) v		553.92	1				
_	Full Name of Individual (Last, First, Middle In	nitial) or Full O	rganization Name					
в.	Clark, Thomas, , ,			Date of Receipt				
	Mailing Address 8904 Rams Crossing Ct # C	Otata	Zin Oode	11 / D D / Y Y Y Y 25 2016				
	City	State VA	Zip Code	Transaction ID : A4AA37D4735BF49D2				
	North Chesterfield	1 17	23236-1388	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		200.00				
	Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Claims General Couns	Memo Item Payroll Deduction: \$50.00/Bi-Weekly				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		1140.00]				
	Full Name of Individual (Last, First, Middle Ir Crosta, Stephen, , ,	hitial) or Full O	rganization Name	Date of Receipt				
•	Mailing Address 54 Lee Rd			11 25 2016				
	City	State	Zip Code	Transaction ID : A9A789CA74AEA4AA				
	Livingston	NJ	07039-4134	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		153.84				
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item				
	Selective Insurance Company of America		Assistant General Cou	Payroll Deduction: \$38.46/Bi-Weekly				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General			1				
	Other (specify)		923.04	1				
s	UBTOTAL of Receipts This Page (optional)			446.16				
Т	OTAL This Period (last page this line number	r only)		•				

FOR LINE NUMBER:

PAGE

9 OF

		Use separate schedule(s)	(check only one)			
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1			
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Selective Insurance Company	he name and a	address of any political committee				
Full Name of Individual (Last, First, Middle I Eppers, Joseph, , , Mailing Address 31 Russett Rd City Sandy Hook	nitial) or Full C	Zip Code 06482-1432	Date of Receipt			
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Selective Insurance Company of America Receipt For:	Chie	upation (for Individual) ef Investment Officer Year-to-Date ▼ 326.91	76.92 Memo Item Payroll Deduction: \$19.23/Bi-Weekly			
Full Name of Individual (Last, First, Middle I B. Hall, Brenda, , , Mailing Address 3407 Delamere Dr City Matthews FEC ID number of contributing federal political committee. Name of Employer (for Individual) Selective Insurance Company of America Receipt For: Primary General Other (specify) ▼	State NC C Occ SVI	Zip Code 28104-6866 uppation (for Individual) P,Chief Strat Ops Offic Year-to-Date V 2400.00	Date of Receipt			
Full Name of Individual (Last, First, Middle I Harris, Christie, , , Mailing Address 124 Turkey Hunt Ct City Waxhaw FEC ID number of contributing federal political committee. Name of Employer (for Individual) Selective Insurance Company of America Receipt For: Primary General Other (specify)	State NC C Occu VP,	Zip Code 28173-6827 upation (for Individual) Claims LOB Year-to-Date ▼ 565.38	Date of Receipt			
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			576.92			

FOR LINE NUMBER:

PAGE 10 OF

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any pound any pound by any political committee	erson for the purpose of soliciting contributions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Selective Insurance Company of	Americ	a Political Action Comr	nittee
A.	Full Name of Individual (Last, First, Middle Initial Kikkert, Bonnie, , , Mailing Address 18 Martingale Dr City Sussex FEC ID number of contributing federal political committee. Name of Employer (for Individual) Selective Insurance Company of America Receipt For: Primary General Other (specify) ▼	State NJ C	Zip Code 07461-2859 upation (for Individual) Claims Operations & A Year-to-Date ▼ 450.00	Date of Receipt
в.	Full Name of Individual (Last, First, Middle Initia Lanza, Michael, , , Mailing Address 84 Sparta Ave Apt 301 City Sparta FEC ID number of contributing federal political committee. Name of Employer (for Individual) Selective Insurance Company of America Receipt For: Primary General Other (specify) ▼	State NJ C Occ EVI	Zip Code 07871-6704 Upation (for Individual) P, General Counsel Year-to-Date ▼ 2400.00	Date of Receipt
C.	Full Name of Individual (Last, First, Middle Initia Mazzarella, Michael, , , Mailing Address 11 Ski Hill Dr City Bedminster FEC ID number of contributing federal political committee. Name of Employer (for Individual) Selective Insurance Company of America Receipt For: Primary General Other (specify)	State NJ C Occ VP,	Zip Code 07921-2530 upation (for Individual) Underwriting Year-to-Date ▼ 660.00	Date of Receipt 11 25 2016 Transaction ID : AA8089591E38B4E1AA64 Amount of Each Receipt this Period 120.00 Memo Item Payroll Deduction: \$30.00/Bi-Weekly
	UBTOTAL of Receipts This Page (optional)			620.00
	VIAL THIS FERIOU (last page this line number of	···y)	•••••••	

FOR LINE NUMBER:

PAGE 11 OF

			Use separate schedule(s)	(check	(check only one)				
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11		11b	11c	12	17
	ion copied from such Reports and ercial purposes, other than using th				the pu				
\	F COMMITTEE (In Full)		duress of any political committee		conti			IT COMMIT	
\	ive Insurance Company	of America	a Political Action Com	mittee					
	e of Individual (Last, First, Middle Ir , James, , ,	nitial) or Full O	organization Name	Dat	Date of Receipt				
	ddress 1402 Venetian Way Dr		м 11	/ D [25	D / Y	y y 2016	Y		
City Waxhaw		State NC	Zip Code 28173-8079					14C9B374 his Period	DA2919
	umber of contributing litical committee.	С			_	-	-	307.7	'2
Selective	Employer (for Individual) Insurance Company of America		upation (for Individual) P, Chief Field Ops Offi	Payr		no Item duction: \$	676.93/Bi-	-Weekly	
Receipt F Prin Othe		Aggregate	Year-to-Date ▼ 1384.74]					
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Neale, George, , ,								
Mailing Ad	Mailing Address 7313 Harcourt Xing) / Y	2016	Y
City Fort Mill		State SC	Zip Code 29707-5986					E22E7C74 his Period	CF7868
	umber of contributing litical committee.	С		_			153.8	34	
	Employer (for Individual) Insurance Company of America		upation (for Individual) P, Chief Claims Officer	Payre		no Item duction: \$	38.46/Bi-	Weekly	
Receipt F		Aggregate	Year-to-Date ▼ 923.04]					
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nenaber, Richard, , ,					Receipt			
Mailing Ad	Mailing Address 8559 S Myrtle Ave							2016	Y
City Tempe		State AZ	Zip Code 85284-2373					9665F094 nis Period	E44894
	umber of contributing plitical committee.	С				7	, ,	400.0)0
Selective	Employer (for Individual) Insurance Company of America	Occi SVP	Payr		no Item duction: \$	\$100.00/E	3i-Weekly		
Receipt F		Aggregate]						
SUBTOTAL	. of Receipts This Page (optional)				_	, ,	. ,	861.5	56
TOTAL This	s Period (last page this line number	r only)							

FOR LINE NUMBER:

PAGE 12 OF

			(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	<u> </u>						
Selective Insurance Compar	ny of America	a Political Action Com	mittee				
Full Name of Individual (Last, First, Midd O'Brien, William, , ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 12009 Carolina Cherry L	11 25 2016						
City Waxhaw	State NC	Zip Code 28173-6214	Transaction ID : AA69CCCB52DBF43EA9 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		92.32				
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item				
Selective Insurance Company of America	VP,	Claims LOB	Payroll Deduction: \$23.08/Bi-Weekly				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		F0F 44					
Other (specify) v		535.44					
Full Name of Individual (Last, First, Midd	e Initial) or Full O	rganization Name					
B. Oosten, Melinda, , ,			Date of Receipt				
Mailing Address 9 Rachel Ln	11 25 2016						
City	State NJ	Zip Code	Transaction ID : A0EFE43E093194D81967				
Green Twp	INJ	07821-2059	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Personal Lines Pricin	Memo Item Payroll Deduction: \$25.00/Bi-Weekly				
Receipt For:	Aggregate	Year-to-Date V					
Primary General Other (specify) ▼		, 275.00					
Full Name of Individual (Last, First, Midd C. Orecchio, Maria, , ,	Date of Receipt						
Mailing Address 54 McKesson Hill Rd	11 25 / Y Y Y Y 2016						
City	State NY	Zip Code 10514-1631	Transaction ID : A67CA786087704FAC866				
Chappaqua		10514-1631	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		307.72				
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item				
Selective Insurance Company of America	VP,	Assistant General Cou	Payroll Deduction: \$76.93/Bi-Weekly				
Receipt For:	Aggregate real-to-bate +						
Other (specify)		1684.74					
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,		500.04				

SCHEDULE A (FEC Form 3X) EMIZED DECEIDTS

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12				
		Detailed Summary Page					
			person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
angle Selective Insurance Compa	ny of Americ	a Political Action Com	nittee				
Full Name of Individual (Last, First, Mide Purnell, Thomas, Stewart, ,	lle Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 4 Country Ln	11 25 2016						
City	State	Zip Code	Transaction ID : A11F0F64C225144C9AD				
Sparta	NJ	07871-2911	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		100.00				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Regional Manager	Arrow Memo Item Payroll Deduction: \$25.00/Bi-Weekly				
Receipt For:	I						
Primary General	Aggregate	Year-to-Date ▼	-				
Other (specify) V							
Full Name of Individual (Last, First, Mido 3. Sarisky, Brian, C., ,	Date of Receipt						
Mailing Address 22 Natale Dr	11 25 2016						
City	State	Zip Code	Transaction ID : AED4D356791AC426185				
Sparta	NJ	07871-3034	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, C/L Underwriting	Memo Item Payroll Deduction: \$25.00/Bi-Weekly				
Receipt For:	Aggregate	Year-to-Date V					
Primary General Other (specify) ▼		1050.00]				
Full Name of Individual (Last, First, Midc Willenborg, John, R., ,	lle Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 64 Westgate Dr	11 25 2016						
City	State	Zip Code	Transaction ID : A025ED8FEAAED4ED54				
Sparta	NJ	07871-1352	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		46.16				
Name of Employer (for Individual)	ne of Employer (for Individual) Occupation (for Individual)						
Selective Insurance Company of America		Field Operations	Payroll Deduction: \$11.54/Bi-Weekly				
Receipt For:	I	Year-to-Date ▼					
Primary General	Aggregate		-				
Other (specify)		276.96					
SUBTOTAL of Receipts This Page (option	al)	•	246.16				
	,						
TOTAL This Period (last page this line num	mber only)		4209.68				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 14 OF 15			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	-			
Any information copied from such Reports and State or for commercial purposes, other than using the nat							
NAME OF COMMITTEE (In Full) Selective Insurance Company of A	America I	Political Actio	on Commit	tee			
Full Name (Last, First, Middle Initial) A. HIMES FOR CONGRESS	Date of Disbursement						
Mailing Address 857 POST ROAD, #312				11 07 2016			
City Fairfield	State CT	Zip Code 06824-6041		FEC Identification Number			
Purpose of Disbursement				C C00434191 Transaction ID : B0581EB2620			
Candidate Name Himes, Jim, A., Rep.,			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: X House Disburse Senate President	Office Sought: X House Disbursement For: 2016 Senate Primary X General						
State: CT District: 04 Full Name (Last, First, Middle Initial) B.	1			Date of Disbursement			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				С			
			Category/ Type	Amount of Each Disbursement this Period			
State: District:	Other (spec	511 y)		Memo Item			
Full Name (Last, First, Middle Initial)		Date of Disbursement					
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement	C						
	Amount of Each Disbursement this Period						
Office Sought: House Disburse Senate President							
State: District:	Other (spec	Siry) V		Memo Item			
SUBTOTAL of Disbursements This Page (optional).			······ •	1000.00			
TOTAL This Period (last page this line number only	·)		••••••	1000.00			

TEMIZED DISBURSEMENTS Dise separate schedule(s) brache stopport) (check only one) (check only one) (check only one) 23 23 23 23 23 25<	SCHEDULE B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 15 OF 15		
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 Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) City State Distursement Candidate Name City State	ITEMIZED DISBURSEMENTS	for each o	category of the	(ch	21b	22 23 26 27		
Selective Insurance Company of America Political Action Committee Full Name (Last, First, Middle Initial) Auiling Address City Propose of Disbursement Conditate Name Office Sought: Benate City State: Disbursement City Propose of Disbursement District: Propose of Disbursement City Propose of Disbursement City Full Name (Last, First, Middle Initial) Auiling Address City Purpose of Disbursement City State: Disbursement City Purpose of Disbursement City State: Disbursement City Purpose of Disbursement City Purpose of Disbursement City Purpose of Disbursement City Purpose of Disbursement City State: District: Purpose	Any information copied from such Reports and Stater or for commercial purposes, other than using the nam	nents may n	not be sold or used	d by a I comr	iny pers mittee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
A: Friends of Kathleen M. Dumais Date of Disbursement Mailing Address 33 Wood Lane Total of Disbursement City State Purpose of Disbursement Disbursement Luncheon for Kathleen Dumais Category Candidate Name Disbursement For: 2016 Office Sought: House President Disbursement For: 2016 State: Disbursement For: 2016 City State Full Name (Last, First, Middle Initial) Date of Disbursement For: 2016 City State City State City State City State Purpose of Disbursement Candidate Name Disbursement For: 2016 City State Purpose of Disbursement Category City State District: Disbursement For: 2016 Purpose of Disbursement Other (specify) Yup State District: Disbursement For: 2016 Purpose of Disbursement Other (specify) Yup State District: Disburse		merica F	Political Actio	n Co	ommi	ttee		
City State Zip Code FEC Identification Number Conville MD 2080-2233 FEC Identification Number Purpose of Disbursement Category/ Type Transaction ID : 910C6668A11 Office Sought: House Disbursement For: 2016 500.00 President Disbursement For: 2016 Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement its Period Mailing Address City State Zip Code City State Zip Code FEC Identification Number Cutagory/ Type State Zip Code FEC Identification Number City State Zip Code FEC Identification Number Purpose of Disbursement Category/ Type Amount of Each Disbursement his Period Office Sought: House Disbursement For: President Category/ Type Memo Item State: District: Primary General Memo Item Mailing Address City State Zip Code FEC Identification Number City State Disbursement For: Disbursement The formary Category/ Category/ Type The formary Category/ Category	Full Name (Last, First, Middle Initial) A. Friends of Kathleen M. Dumais							
Rockvile MD 20850-2233 Prepose of Disbursement Luncheon for Kathleen Dumais	Mailing Address 33 Wood Lane					10 27 2016		
Luncheon for Kathleen Dumais Transaction ID: B10C6666A1I Category/ Type Transaction ID: B10C6666A1I Office Sought: House Distursement For: 2016 State: Distursement For: Distursement Category/ Type State: Distursement City State Purpose of Disbursement Category/ Type Office Sought: House Disbursement Disbursement For: City State Purpose of Disbursement Disbursement For: City State President Other (specify) Mailing Address Disbursement For: City State Purpose of Disbursement Other (specify) City State Purpose of Disbursement Category/ Type City State Purpose of Disbursement Category/ Type Office Sought: House Disbursement Category/ Type Office Sought: House Disbursement Category/ Type Office Sought: House <td></td> <td></td> <td></td> <td></td> <td></td> <td>FEC Identification Number</td>						FEC Identification Number		
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