

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**Selective Insurance Company of America Political Action Committee**

ADDRESS (number and street) **40 Wantage Ave**  
Check if different than previously reported. (ACC) **Branchville NJ 07890**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00550889** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  **11** /  **08** /  **2016** in the State of

5. Covering Period  **10** /  **01** /  **2016** through  **11** /  **28** /  **2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Beck, Jeffrey, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Beck, Jeffrey, , ,* [Electronically Filed] Date  **12** /  **13** /  **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="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) and 6(c) for Column A and Lines 6(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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	4209.68	33091.40
(ii) Unitemized .....	16.00	5037.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4225.68	38129.35
(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) .....	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 (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)).....▶	4225.68	38129.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4225.68	38129.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	4000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	500.00	20200.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	1500.00	24200.00
32. 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

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4225.68	38129.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4225.68	38129.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<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	

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. Adams, Charles, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1015.44

Date of Receipt 11 / 25 / 2016  
**Transaction ID : ABBC727B246334F33A57**  
 Amount of Each Receipt this Period 92.32  
 Memo Item  
 Payroll Deduction: \$23.08/Bi-Weekly

**B. Anderson, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Windy Brow Mnr  
 City Fredon State NJ Zip Code 07860-5381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Chief U/W Officer, P  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.04

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A0C319830AA0D436CAD6**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 Payroll Deduction: \$38.46/Bi-Weekly

**C. Anthony, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2727 N Price Rd Unit 75  
 City Chandler State AZ Zip Code 85224-4985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Regional Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A54D29630DCE4452D8FA**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction: \$25.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<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. Beck, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Govt & Regulatory Af  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.08

Date of Receipt 11 / 25 / 2016  
**Transaction ID : AC85C664592E446F1BF7**  
 Amount of Each Receipt this Period 307.68  
 Memo Item  
 Payroll Deduction: \$76.92/Bi-Weekly

**B. Bennett, Cyndi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Compensation & Benefi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A0352B883435E48D1A53**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 Payroll Deduction: \$20.00/Bi-Weekly

**C. Burnett, Kimberly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief HR Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1515.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : AEADBB61979F6453D838**  
 Amount of Each Receipt this Period 225.00  
 Memo Item  
 Payroll Deduction: \$75.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	612.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<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. Chakravarthi, Sarita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Tax & Asst Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 553.92

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A44443285DF0C4759871**  
 Amount of Each Receipt this Period 92.32  
 Memo Item  
 Payroll Deduction: \$23.08/Bi-Weekly

**B. Clark, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8904 Rams Crossing Ct # C  
 City North Chesterfield State VA Zip Code 23236-1388  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A4AA37D4735BF49D28C3**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction: \$50.00/Bi-Weekly

**C. Crosta, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Assistant General Cou  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 923.04

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A9A789CA74AEA4AA5BE4**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 Payroll Deduction: \$38.46/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	446.16
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
<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. Eppers, Joseph, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 Russett Rd

City Sandy Hook	State CT	Zip Code 06482-1432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Selective Insurance Company of America	Occupation (for Individual) Chief Investment Officer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2016

**Transaction ID : A4D150043EC1144F295E**

Amount of Each Receipt this Period  
76.92

Memo Item  
Payroll Deduction: \$19.23/Bi-Weekly

**B. Hall, Brenda, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3407 Delamere Dr

City Matthews	State NC	Zip Code 28104-6866
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Selective Insurance Company of America	Occupation (for Individual) SVP,Chief Strat Ops Offic
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2016

**Transaction ID : ABCFB0260D2DF4D38A42**

Amount of Each Receipt this Period  
400.00

Memo Item  
Payroll Deduction: \$100.00/Bi-Weekly

**C. Harris, Christie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 124 Turkey Hunt Ct

City Waxhaw	State NC	Zip Code 28173-6827
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Selective Insurance Company of America	Occupation (for Individual) VP, Claims LOB
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
565.38

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2016

**Transaction ID : A008C0FA4EBFE4CB2807**

Amount of Each Receipt this Period  
100.00

Memo Item  
Payroll Deduction: \$25.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
<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. Kikkert, Bonnie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Martingale Dr  
 City Sussex State NJ Zip Code 07461-2859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Claims Operations & A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 25 / 2016  
**Transaction ID : AB4BCC8522FE84EE9BAE**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction: \$25.00/Bi-Weekly

**B. Lanza, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 Sparta Ave Apt 301  
 City Sparta State NJ Zip Code 07871-6704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 25 / 2016  
**Transaction ID : AC77D5E3F4C3241C5AEB**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Payroll Deduction: \$100.00/Bi-Weekly

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 15
<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. Mc Lain, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1402 Venetian Way Dr  
 City Waxhaw State NC Zip Code 28173-8079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Chief Field Ops Offi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1384.74

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A26B0714C9B374DA2919**  
 Amount of Each Receipt this Period 307.72  
 Memo Item  
 Payroll Deduction: \$76.93/Bi-Weekly

**B. Neale, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7313 Harcourt Xing  
 City Fort Mill State SC Zip Code 29707-5986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Claims Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.04

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A349F4E22E7C74CF7868**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 Payroll Deduction: \$38.46/Bi-Weekly

**C. Nenaber, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8559 S Myrtle Ave  
 City Tempe State AZ Zip Code 85284-2373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Music  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A50B679665F094E44894**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Payroll Deduction: \$100.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	861.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 15
<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. O'Brien, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12009 Carolina Cherry Ln  
 City Waxhaw State NC Zip Code 28173-6214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Claims LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.44

Date of Receipt 11 / 25 / 2016  
**Transaction ID : AA69CCCB52DBF43EA912**  
 Amount of Each Receipt this Period 92.32  
 Memo Item  
 Payroll Deduction: \$23.08/Bi-Weekly

**B. Oosten, Melinda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Rachel Ln  
 City Green Twp State NJ Zip Code 07821-2059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Personal Lines Pricin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A0EFE43E093194D81967**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction: \$25.00/Bi-Weekly

**C. Orecchio, Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Assistant General Cou  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1684.74

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A67CA786087704FAC866**  
 Amount of Each Receipt this Period 307.72  
 Memo Item  
 Payroll Deduction: \$76.93/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 15
	<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. Purnell, Thomas, Stewart, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Regional Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 634.62

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A11F0F64C225144C9ADA**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction: \$25.00/Bi-Weekly

**B. Sarisky, Brian, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, C/L Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 25 / 2016  
**Transaction ID : AED4D356791AC4261858**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction: \$25.00/Bi-Weekly

**C. Willenborg, John, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 Westgate Dr  
 City Sparta State NJ Zip Code 07871-1352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Field Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt 11 / 25 / 2016  
**Transaction ID : A025ED8FEAAED4ED5AAE**  
 Amount of Each Receipt this Period 46.16  
 Memo Item  
 Payroll Deduction: \$11.54/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	246.16
<b>TOTAL</b> This Period (last page this line number only).....	4209.68

# 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"/> 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. HIMES FOR CONGRESS**

Mailing Address 857 POST ROAD, #312

City  
Fairfield

State  
CT

Zip Code  
06824-6041

Purpose of Disbursement

Candidate Name

**Himes, Jim, A., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	7		2	0	1	6		

FEC Identification Number

**C** C00434191

**Transaction ID : B0581EB262I**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

1000.00

**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"/> 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**

**A. Friends of Kathleen M. Dumais**

Full Name (Last, First, Middle Initial)

Mailing Address 33 Wood Lane

City Rockville State MD Zip Code 20850-2233

Purpose of Disbursement Luncheon for Kathleen Dumais

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : B10C6668A11

Amount of Each Disbursement this Period: 500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00