

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) <small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) <small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 / 08 / 2022 in the State of NJ

5. Covering Period 10 / 20 / 2022 through 11 / 28 / 2022

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 / 06 / 2022

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2022"/> | <input type="text" value="17566.93"/> | <input type="text" value="17566.93"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="25572.81"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="4884.07"/> | <input type="text" value="50889.95"/> |
| (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="30456.88"/> | <input type="text" value="68456.88"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="0.00"/> | <input type="text" value="38000.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="30456.88"/> | <input type="text" value="30456.88"/> |
| 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

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)..... | 4872.07 | 44002.85 |
| (ii) Unitemized | 12.00 | 6887.10 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 4884.07 | 50889.95 |
| (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) | 4884.07 | 50889.95 |
| 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)).....▶ | 4884.07 | 50889.95 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 4884.07 | 50889.95 |

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..... | 0.00 | 20500.00 |
| 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)..... | 0.00 | 17500.00 |
| 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)) .. | 0.00 | 38000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 38000.00 |

DETAILED SUMMARY PAGE
of Disbursements

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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) | 4884.07 | 50889.95 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4884.07 | 50889.95 |
| 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 39 |
| | <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. Acosta, Chalina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Total Rewards
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-53
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Acosta, Chalina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Total Rewards
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-53
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Acosta, Chalina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Total Rewards
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-53
 Amount of Each Receipt this Period 10.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 30.00 |
| 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 7 OF 39 |
| | <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. Adams, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Glenlivet Dr
 Ste 200
 City Allentown State PA Zip Code 18106
 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 ▼ 1725.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2022
Transaction ID : 2022102119418-5
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Adams, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Glenlivet Dr
 Ste 200
 City Allentown State PA Zip Code 18106
 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 ▼ 1725.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2022
Transaction ID : 2022110419416-5
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Adams, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Glenlivet Dr
 Ste 200
 City Allentown State PA Zip Code 18106
 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 ▼ 1725.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2022
Transaction ID : 2022111819457-5
 Amount of Each Receipt this Period
 75.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 225.00 |
| 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 39 |
| | <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. Aijala, Ainar, D., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Hudson Ave
 City Ocean Ridge State FL Zip Code 33435-5205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SIGI Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2022
Transaction ID : ECAF0250A4534DB98DD9
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Albert, Shadi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Ins Strat & Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 10 / 21 / 2022
Transaction ID : 2022102119418-62
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Albert, Shadi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Ins Strat & Bus Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 11 / 04 / 2022
Transaction ID : 2022110419416-62
 Amount of Each Receipt this Period 19.23
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1038.46 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 39 |
| | <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. Anderson, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Chief UW Officer P/L
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.58

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-47
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Anderson, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Chief UW Officer P/L
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.58

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-47
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Anderson, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Chief UW Officer P/L
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.58

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-47
 Amount of Each Receipt this Period 38.46
 Memo Item

| | |
|---|--------|
| 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 39 |
| | <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. Beal, Jamie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Director of Communica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 21 / 2022
Transaction ID : 2022102119418-72
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Beal, Jamie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Director of Communica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 04 / 2022
Transaction ID : 2022110419416-72
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Beal, Jamie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Director of Communica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 18 / 2022
Transaction ID : 2022111819457-71
 Amount of Each Receipt this Period 20.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 60.00 |
| 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 11 OF 39 |
| | <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. Beck, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 1769.16

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-50
 Amount of Each Receipt this Period 76.92
 Memo Item

B. Beck, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 1769.16

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-50
 Amount of Each Receipt this Period 76.92
 Memo Item

C. Beck, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 1769.16

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-50
 Amount of Each Receipt this Period 76.92
 Memo Item

| | |
|---|--------|
| 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 39 |
| | <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. Bennett, Lucinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 460.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2022
Transaction ID : 2022102119418-48
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Bennett, Lucinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 460.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2022
Transaction ID : 2022110419416-48
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Bennett, Lucinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 460.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2022
Transaction ID : 2022111819457-48
 Amount of Each Receipt this Period
 20.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 60.00 |
| 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 13 OF 39 |
| | <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. Bresney, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Information Of
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1850.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2022
Transaction ID : 2022102119418-30
 Amount of Each Receipt this Period
 80.77
 Memo Item

B. Bresney, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Information Of
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1850.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2022
Transaction ID : 2022110419416-30
 Amount of Each Receipt this Period
 80.77
 Memo Item

C. Bresney, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Information Of
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1850.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2022
Transaction ID : 2022111819457-30
 Amount of Each Receipt this Period
 80.77
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 242.31 |
| 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 39 |
| | <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. Chakravarthi, Sarita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 530.84

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-49
 Amount of Each Receipt this Period 23.08
 Memo Item

B. Chakravarthi, Sarita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 530.84

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-49
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Chakravarthi, Sarita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 530.84

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-49
 Amount of Each Receipt this Period 23.08
 Memo Item

| | |
|---|-------|
| 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 15 OF 39 |
| | <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. Dragseth, Tracy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Wantage Ave

| | | |
|---------------------|-------------|-------------------|
| City Branchville | State NJ | Zip Code 07890 |
|---------------------|-------------|-------------------|

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 ▼
230.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 21 | / | 2022 |

Transaction ID : 2022102119418-81

Amount of Each Receipt this Period
10.00

Memo Item

B. Dragseth, Tracy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Wantage Ave

| | | |
|---------------------|-------------|-------------------|
| City Branchville | State NJ | Zip Code 07890 |
|---------------------|-------------|-------------------|

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 ▼
230.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 04 | / | 2022 |

Transaction ID : 2022110419416-81

Amount of Each Receipt this Period
10.00

Memo Item

C. Dragseth, Tracy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Wantage Ave

| | | |
|---------------------|-------------|-------------------|
| City Branchville | State NJ | Zip Code 07890 |
|---------------------|-------------|-------------------|

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 ▼
230.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 18 | / | 2022 |

Transaction ID : 2022111819457-80

Amount of Each Receipt this Period
10.00

Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 30.00 |
| 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 39 |
| | <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. Eppers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Waterside Dr
 Ste 306
 City Farmington State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Investment Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-70
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Eppers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Waterside Dr
 Ste 306
 City Farmington State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Investment Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-70
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Eppers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Waterside Dr
 Ste 306
 City Farmington State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Investment Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-69
 Amount of Each Receipt this Period 19.23
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 57.69 |
| 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 39 |
| | <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. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, COO Standard Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-17
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, COO Standard Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-17
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, COO Standard Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-17
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| 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 18 OF 39 |
| | <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. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Claims Liability
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1326.87

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-82
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Claims Liability
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1326.87

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-82
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Hall, Contrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Claims Liability
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1326.87

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-81
 Amount of Each Receipt this Period 57.69
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 173.07 |
| 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 39 |
| | <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. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 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 ▼ 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2022
Transaction ID : 2022102119418-64
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 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 ▼ 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2022
Transaction ID : 2022110419416-64
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 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 ▼ 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2022
Transaction ID : 2022111819457-63
 Amount of Each Receipt this Period
 30.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 90.00 |
| 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 20 OF 39 |
| | <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. Hollander, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Chief Audit Executiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-69
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Hollander, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Chief Audit Executiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-69
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Hollander, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Chief Audit Executiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-68
 Amount of Each Receipt this Period 19.23
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 57.69 |
| 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 39 |
| | <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. Kikkert, Bonnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2022
Transaction ID : 2022102119418-3
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Kikkert, Bonnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2022
Transaction ID : 2022110419416-3
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Kikkert, Bonnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2022
Transaction ID : 2022111819457-3
 Amount of Each Receipt this Period
 20.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 60.00 |
| 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 22 OF 39 |
| | <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. Lanza, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 2300.00

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-43
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Lanza, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 2300.00

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-43
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Lanza, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 2300.00

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-43
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| 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 23 OF 39 |
| | <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. Leinen, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6263 N Scottsdale Rd
Ste 310

City Scottsdale State AZ Zip Code 85250

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 ▼ 230.00

Date of Receipt 10 / 21 / 2022
Transaction ID : 2022102119418-21

Amount of Each Receipt this Period 10.00

Memo Item

B. Leinen, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6263 N Scottsdale Rd
Ste 310

City Scottsdale State AZ Zip Code 85250

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 ▼ 230.00

Date of Receipt 11 / 04 / 2022
Transaction ID : 2022110419416-21

Amount of Each Receipt this Period 10.00

Memo Item

C. Leinen, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6263 N Scottsdale Rd
Ste 310

City Scottsdale State AZ Zip Code 85250

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 ▼ 230.00

Date of Receipt 11 / 18 / 2022
Transaction ID : 2022111819457-21

Amount of Each Receipt this Period 10.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 30.00 |
| 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 24 OF 39 |
| | <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. Lewis, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Reg Claims Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-80
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Lewis, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Reg Claims Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-80
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Lewis, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Reg Claims Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-79
 Amount of Each Receipt this Period 20.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 60.00 |
| 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 39 |
| | <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. Macmullin, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Small Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-33
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Macmullin, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Small Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-33
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Macmullin, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Small Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-33
 Amount of Each Receipt this Period 20.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 60.00 |
| 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 39 |
| | <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. Mazzarella, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Commercial LOB
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 690.00

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-27
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Mazzarella, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Commercial LOB
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 690.00

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-27
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Mazzarella, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Commercial LOB
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 690.00

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-27
 Amount of Each Receipt this Period 30.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 90.00 |
| 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 39 |
| | <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. McKenna, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Entrprs Strat & Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1217.00

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-42
 Amount of Each Receipt this Period 53.08
 Memo Item

B. McKenna, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Entrprs Strat & Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1217.00

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-42
 Amount of Each Receipt this Period 53.08
 Memo Item

C. McKenna, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Entrprs Strat & Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1217.00

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-42
 Amount of Each Receipt this Period 53.08
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 159.24 |
| 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 28 OF 39 |
| | <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. Orecchio, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Deputy General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-66
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Orecchio, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Deputy General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-66
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Orecchio, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Deputy General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-65
 Amount of Each Receipt this Period 76.93
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 230.79 |
| 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 39 |
| | <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. Purnell, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2022
Transaction ID : 2022102119418-26
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Purnell, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2022
Transaction ID : 2022110419416-26
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Purnell, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2022
Transaction ID : 2022111819457-26
 Amount of Each Receipt this Period
 40.00
 Memo Item

| | |
|--|--------|
| 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 30 OF 39 |
| | <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. Raider, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 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 ▼ 575.00

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-8
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Raider, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 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 ▼ 575.00

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-8
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Raider, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 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 ▼ 575.00

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-8
 Amount of Each Receipt this Period 25.00
 Memo Item

| | |
|--|-------|
| 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 31 OF 39 |
| | <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. Riley, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 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 ▼ 442.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2022
Transaction ID : 2022102119418-19
 Amount of Each Receipt this Period
 19.23
 Memo Item

B. Riley, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 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 ▼ 442.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2022
Transaction ID : 2022110419416-19
 Amount of Each Receipt this Period
 19.23
 Memo Item

C. Riley, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6210 Ardrey Kell Rd
 Ste 500
 City Charlotte State NC Zip Code 28277
 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 ▼ 442.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2022
Transaction ID : 2022111819457-19
 Amount of Each Receipt this Period
 19.23
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 57.69 |
| 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 39 |
| | <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

| | | | |
|---|-------------------------------------|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sarisky, Brian, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2022 |
| Mailing Address 40 Wantage Ave | | | Transaction ID : 2022102119418-7 |
| City Branchville | State NJ | Zip Code 07890 | Amount of Each Receipt this Period 77.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Selective Insurance Company of America | | Occupation (for Individual) Chief UW Officer, CL | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1771.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sarisky, Brian, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2022 |
| Mailing Address 40 Wantage Ave | | | Transaction ID : 2022110419416-7 |
| City Branchville | State NJ | Zip Code 07890 | Amount of Each Receipt this Period 77.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Selective Insurance Company of America | | Occupation (for Individual) Chief UW Officer, CL | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1771.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sarisky, Brian, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2022 |
| Mailing Address 40 Wantage Ave | | | Transaction ID : 2022111819457-7 |
| City Branchville | State NJ | Zip Code 07890 | Amount of Each Receipt this Period 77.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Selective Insurance Company of America | | Occupation (for Individual) Chief UW Officer, CL | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 1771.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 231.00 |
| 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 33 OF 39 |
| | <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

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Scharfstein, Mattia, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2022 Transaction ID : 2022102119418-56 | | |
| Mailing Address 40 Wantage Ave | | | Amount of Each Receipt this Period 50.00 | | |
| City Branchville | State NJ | Zip Code 07890 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 1150.00 | | |
| Name of Employer (for Individual) Selective Insurance Company of America | | Occupation (for Individual) AVP, Regulatory Mgmt Svcs | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scharfstein, Mattia, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2022 Transaction ID : 2022110419416-56 | | |
| Mailing Address 40 Wantage Ave | | | Amount of Each Receipt this Period 50.00 | | |
| City Branchville | State NJ | Zip Code 07890 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 1150.00 | | |
| Name of Employer (for Individual) Selective Insurance Company of America | | Occupation (for Individual) AVP, Regulatory Mgmt Svcs | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Scharfstein, Mattia, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2022 Transaction ID : 2022111819457-56 | | |
| Mailing Address 40 Wantage Ave | | | Amount of Each Receipt this Period 50.00 | | |
| City Branchville | State NJ | Zip Code 07890 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 1150.00 | | |
| Name of Employer (for Individual) Selective Insurance Company of America | | Occupation (for Individual) AVP, Regulatory Mgmt Svcs | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|--------|
| 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: (check only one) | PAGE 34 OF 39 |
| <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. Senia, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Actuary
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2022
Transaction ID : 2022102119418-57
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Senia, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Actuary
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2022
Transaction ID : 2022110419416-57
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Senia, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Actuary
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2022
Transaction ID : 2022111819457-57
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|---|--------|
| 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: (check only one) | PAGE 35 OF 39 |
| | <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. Shedd, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Asst GC Privacy & Mkt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-58
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Shedd, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Asst GC Privacy & Mkt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-58
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Shedd, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Asst GC Privacy & Mkt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-58
 Amount of Each Receipt this Period 10.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 30.00 |
| 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 36 OF 39 |
| | <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. Sims, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 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 ▼ 575.00

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-9
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Sims, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 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 ▼ 575.00

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-9
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Sims, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clocktower Dr
 Ste 201
 City Hamilton State NJ Zip Code 08690
 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 ▼ 575.00

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-9
 Amount of Each Receipt this Period 25.00
 Memo Item

| | |
|---|-------|
| 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 37 OF 39 |
| | <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. Sparks, Valerie, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6263 N Scottsdale Rd
Ste 310

City Scottsdale State AZ Zip Code 85250

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 ▼ 460.00

Date of Receipt **10 / 21 / 2022**

Transaction ID : 2022102119418-13

Amount of Each Receipt this Period 20.00

Memo Item

B. Sparks, Valerie, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6263 N Scottsdale Rd
Ste 310

City Scottsdale State AZ Zip Code 85250

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 ▼ 460.00

Date of Receipt **11 / 04 / 2022**

Transaction ID : 2022110419416-13

Amount of Each Receipt this Period 20.00

Memo Item

C. Sparks, Valerie, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6263 N Scottsdale Rd
Ste 310

City Scottsdale State AZ Zip Code 85250

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 ▼ 460.00

Date of Receipt **11 / 18 / 2022**

Transaction ID : 2022111819457-13

Amount of Each Receipt this Period 20.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 60.00 |
| 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 38 OF 39 |
| | <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. Willenborg, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 265.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2022
Transaction ID : 2022102119418-11
 Amount of Each Receipt this Period
 11.54
 Memo Item

B. Willenborg, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 265.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2022
Transaction ID : 2022110419416-11
 Amount of Each Receipt this Period
 11.54
 Memo Item

C. Willenborg, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 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 ▼ 265.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2022
Transaction ID : 2022111819457-11
 Amount of Each Receipt this Period
 11.54
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 34.62 |
| 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 39 |
| | <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. Zweier, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Enterprise PMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 908.73

Date of Receipt **10 / 21 / 2022**
Transaction ID : 2022102119418-74
 Amount of Each Receipt this Period 39.71
 Memo Item

B. Zweier, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Enterprise PMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 908.73

Date of Receipt **11 / 04 / 2022**
Transaction ID : 2022110419416-74
 Amount of Each Receipt this Period 39.71
 Memo Item

C. Zweier, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wantage Ave
 City Branchville State NJ Zip Code 07890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Enterprise PMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 908.73

Date of Receipt **11 / 18 / 2022**
Transaction ID : 2022111819457-73
 Amount of Each Receipt this Period 39.71
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 119.13 |
| TOTAL This Period (last page this line number only)..... | 4872.07 |