

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 / 01 / 2019 through 06 / 30 / 2019

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 07 / 19 / 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2019"/>	<input type="text" value="41677.69"/>	<input type="text" value="41677.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41677.69"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26890.12"/>	<input type="text" value="26890.12"/>
(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="68567.81"/>	<input type="text" value="68567.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28048.00"/>	<input type="text" value="28048.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40519.81"/>	<input type="text" value="40519.81"/>
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).....	20554.65	20554.65
(ii) Unitemized	6335.47	6335.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	26890.12	26890.12
(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)	26890.12	26890.12
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)).....▶	26890.12	26890.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26890.12	26890.12

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	48.00	48.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	48.00	48.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	13000.00
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).....	15000.00	15000.00
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)) ..	28048.00	28048.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28048.00	28048.00

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)	26890.12	26890.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26890.12	26890.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	48.00	48.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	48.00	48.00

**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 68
	<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. 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 ▼ 300.04

Date of Receipt **04 / 26 / 2019**
Transaction ID : 2019042619415-7
 Amount of Each Receipt this Period 23.08
 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 ▼ 300.04

Date of Receipt **05 / 10 / 2019**
Transaction ID : 2019051019415-7
 Amount of Each Receipt this Period 23.08
 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 ▼ 300.04

Date of Receipt **05 / 24 / 2019**
Transaction ID : 2019052419415-7
 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 7 OF 68
	<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. 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 ▼ 300.04

Date of Receipt 06 / 07 / 2019
Transaction ID : 2019060719415-7
 Amount of Each Receipt this Period 23.08
 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 ▼ 300.04

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-7
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Albert, Shadi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6263 N Scottsdale Rd
 Ste 300
 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 ▼ 249.99

Date of Receipt 05 / 24 / 2019
Transaction ID : 2019052419415-64
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.39
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 68
	<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. Albert, Shadi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6263 N Scottsdale Rd
 Ste 300
 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 ▼ 249.99

Date of Receipt 06 / 07 / 2019
Transaction ID : 2019060719415-64
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Albert, Shadi, , ,
 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 ▼ 249.99

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-64
 Amount of Each Receipt this Period 19.23
 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 ▼ 499.98

Date of Receipt 03 / 15 / 2019
Transaction ID : 2019031519416-51
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.92
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 68
	<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. 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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2019
Transaction ID : 2019032919416-51
 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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2019
Transaction ID : 2019041219415-51
 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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2019
Transaction ID : 2019042619415-51
 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 68
	<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. 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 ▼ 499.98

Date of Receipt
 05 / 10 / 2019
Transaction ID : 2019051019415-51
 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 ▼ 499.98

Date of Receipt
 05 / 24 / 2019
Transaction ID : 2019052419415-51
 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 ▼ 499.98

Date of Receipt
 06 / 07 / 2019
Transaction ID : 2019060719415-51
 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 11 OF 68
<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 ▼ 499.98

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-51
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Anthony, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6236 N Scottsdale Rd Ste 300
 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, Regional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 04 / 26 / 2019
Transaction ID : 2019042619415-27
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Anthony, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6236 N Scottsdale Rd Ste 300
 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, Regional Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 10 / 2019
Transaction ID : 2019051019415-27
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	88.46
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 12 OF 68
	<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. Anthony, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6236 N Scottsdale Rd
 Ste 300
 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, Regional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 24 / 2019
Transaction ID : 2019052419415-27
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Anthony, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6236 N Scottsdale Rd
 Ste 300
 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, Regional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 07 / 2019
Transaction ID : 2019060719415-27
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Anthony, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6263 N Scottsdale Rd
 Ste 300
 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, Regional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-27
 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 13 OF 68
	<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. 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 ▼
999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2019

Transaction ID : 2019020119414-52

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 ▼
999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2019

Transaction ID : 2019021519415-52

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 ▼
999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2019

Transaction ID : 2019030712216-54

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 14 OF 68
	<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. 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 ▼ 999.96

Date of Receipt 03 / 15 / 2019
Transaction ID : 2019031519416-54
 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 ▼ 999.96

Date of Receipt 03 / 29 / 2019
Transaction ID : 2019032919416-54
 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 ▼ 999.96

Date of Receipt 04 / 12 / 2019
Transaction ID : 2019041219415-54
 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 15 OF 68
	<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. 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 ▼ 999.96

Date of Receipt **04 / 26 / 2019**
Transaction ID : 2019042619415-54
 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 ▼ 999.96

Date of Receipt **05 / 10 / 2019**
Transaction ID : 2019051019415-54
 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 ▼ 999.96

Date of Receipt **05 / 24 / 2019**
Transaction ID : 2019052419415-54
 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 16 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Selective Insurance Company of America Political Action Committee

A. Beck, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 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 ▼ 999.96

Date of Receipt 06 / 07 / 2019
Transaction ID : 2019060719415-54
 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 ▼ 999.96

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-54
 Amount of Each Receipt this Period 76.92
 Memo Item

C. Bennett, Cyndi, , ,
 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, Compensation & Benefi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 24 / 2019
Transaction ID : 2019052419415-52
 Amount of Each Receipt this Period 20.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 68
	<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. Bennett, Cyndi, , ,
 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, Compensation & Benefi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 07 / 2019
Transaction ID : 2019060719415-52
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Bennett, Cyndi, , ,
 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, Compensation & Benefi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 21 / 2019
Transaction ID : 2019062119415-52
 Amount of Each Receipt this Period 20.00
 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) SVP, Enterprise App Del S
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 05 / 24 / 2019
Transaction ID : 2019052419415-34
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	59.23
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 68
<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. 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) SVP, Enterprise App Del S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 07 / 2019**
Transaction ID : 2019060719415-34
 Amount of Each Receipt this Period 19.23
 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) SVP, Enterprise App Del S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 21 / 2019**
Transaction ID : 2019062119415-34
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Cavanaugh, Terrence, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 452 Putter Point Dr
 City Naples State FL Zip Code 34103-4092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 03 / 2019**
Transaction ID : 785A694AEBCB4F4EAA17
 Amount of Each Receipt this Period 1000.00
 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 19 OF 68
	<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. 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 ▼
300.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2019

Transaction ID : 2019042619415-53

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 ▼
300.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2019

Transaction ID : 2019051019415-53

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 ▼
300.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2019

Transaction ID : 2019052419415-53

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 20 OF 68
	<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. 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 ▼ 300.04

Date of Receipt 06 / 07 / 2019
Transaction ID : 2019060719415-53
 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 ▼ 300.04

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-53
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Clark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7401 Beaufont Springs Dr Ste 400
 City North Chesterfield State VA Zip Code 23225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 01 / 2019
Transaction ID : 2019030712216-59
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 68
	<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. Clark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7401 Beaufont Springs Dr
 Ste 400
 City North Chesterfield State VA Zip Code 23225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2019
Transaction ID : 2019031519416-59
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Clark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7401 Beaufont Springs Dr
 Ste 400
 City North Chesterfield State VA Zip Code 23225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2019
Transaction ID : 2019032919416-59
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Clark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7401 Beaufont Springs Dr
 Ste 400
 City North Chesterfield State VA Zip Code 23225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2019
Transaction ID : 2019041219415-59
 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 22 OF 68
	<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. Clark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7401 Beaufont Springs Dr
 Ste 400
 City North Chesterfield State VA Zip Code 23225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **04 / 26 / 2019**
Transaction ID : 2019042619415-59
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Clark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7401 Beaufont Springs Dr
 Ste 400
 City North Chesterfield State VA Zip Code 23225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **05 / 10 / 2019**
Transaction ID : 2019051019415-59
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Clark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7401 Beaufont Springs Dr
 Ste 400
 City North Chesterfield State VA Zip Code 23225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **05 / 24 / 2019**
Transaction ID : 2019052419415-59
 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 23 OF 68
	<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. Clark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7401 Beaufont Springs Dr
 Ste 400
 City North Chesterfield State VA Zip Code 23225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2019
Transaction ID : 2019060719415-59
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Clark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7401 Beaufont Springs Dr
 Ste 400
 City North Chesterfield State VA Zip Code 23225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2019
Transaction ID : 2019062119415-59
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Dufala, George, , ,
 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,Head of Insurance Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2019
Transaction ID : 2019030712216-85
 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 24 OF 68
<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. Dufala, George, , ,
 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,Head of Insurance Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2019
Transaction ID : 2019031519416-85
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Dufala, George, , ,
 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,Head of Insurance Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2019
Transaction ID : 2019032919416-85
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Dufala, George, , ,
 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,Head of Insurance Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2019
Transaction ID : 2019041219415-85
 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 25 OF 68
	<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. Dufala, George, , ,
 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,Head of Insurance Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2019
Transaction ID : 2019042619415-85
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Dufala, George, , ,
 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,Head of Insurance Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2019
Transaction ID : 2019051019415-85
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Dufala, George, , ,
 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,Head of Insurance Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2019
Transaction ID : 2019052419415-85
 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 26 OF 68
<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. Dufala, George, , ,
 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,Head of Insurance Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 07 / 2019
Transaction ID : 2019060719415-85
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Dufala, George, , ,
 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,Head of Insurance Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-85
 Amount of Each Receipt this Period 50.00
 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) Chief Investment Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 24 / 2019
Transaction ID : 2019052419415-72
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	119.23
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 68
	<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. Gaudet, Gordon, , ,
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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2019

Transaction ID : 2019021519415-64

Amount of Each Receipt this Period
100.00

Memo Item

B. Gaudet, Gordon, , ,
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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2019

Transaction ID : 2019030712216-66

Amount of Each Receipt this Period
100.00

Memo Item

C. Gaudet, Gordon, , ,
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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2019

Transaction ID : 2019031519416-66

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 29 OF 68
	<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. Gaudet, Gordon, , ,
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2019
Transaction ID : 2019032919416-66
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Gaudet, Gordon, , ,
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2019
Transaction ID : 2019041219415-66
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Gaudet, Gordon, , ,
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2019
Transaction ID : 2019042619415-66
 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 30 OF 68
	<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. Gaudet, Gordon, , ,
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2019
Transaction ID : 2019051019415-66
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Gaudet, Gordon, , ,
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2019
Transaction ID : 2019052419415-66
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Gaudet, Gordon, , ,
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2019
Transaction ID : 2019060719415-66
 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 31 OF 68
	<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. Gaudet, Gordon, , ,
 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 ▼ 1300.00

Date of Receipt **06 / 21 / 2019**
Transaction ID : 2019062119415-66
 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 3426 Toringdon Way Ste 200
 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) SVP,Chief Strat Ops Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **02 / 01 / 2019**
Transaction ID : 2019020119414-21
 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 3426 Toringdon Way Ste 200
 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) SVP,Chief Strat Ops Offic
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **02 / 15 / 2019**
Transaction ID : 2019021519415-21
 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 32 OF 68
	<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. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 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) SVP,Chief Strat Ops Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 03 / 01 / 2019
Transaction ID : 2019030712216-22
 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 3426 Toringdon Way
 Ste 200
 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) SVP,Chief Strat Ops Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 03 / 15 / 2019
Transaction ID : 2019031519416-22
 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 3426 Toringdon Way
 Ste 200
 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) SVP,Chief Strat Ops Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 03 / 29 / 2019
Transaction ID : 2019032919416-22
 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 33 OF 68
<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. Hall, Brenda, , ,		Date of Receipt MM / DD / YYYY 04 / 12 / 2019
Mailing Address 3426 Toringdon Way Ste 200		Transaction ID : 2019041219415-22
City Charlotte	State NC	
Zip Code 28277	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Selective Insurance Company of America	Occupation (for Individual) SVP,Chief Strat Ops Office	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hall, Brenda, , ,		Date of Receipt MM / DD / YYYY 04 / 26 / 2019
Mailing Address 3426 Toringdon Way Ste 200		Transaction ID : 2019042619415-22
City Charlotte	State NC	
Zip Code 28277	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Selective Insurance Company of America	Occupation (for Individual) SVP,Chief Strat Ops Office	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hall, Brenda, , ,		Date of Receipt MM / DD / YYYY 05 / 10 / 2019
Mailing Address 3426 Toringdon Way Ste 200		Transaction ID : 2019051019415-22
City Charlotte	State NC	
Zip Code 28277	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Selective Insurance Company of America	Occupation (for Individual) SVP,Chief Strat Ops Office	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 68
<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. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 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) SVP,Chief Strat Ops Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **05 / 24 / 2019**
Transaction ID : 2019052419415-22
 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 3426 Toringdon Way
 Ste 200
 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) SVP,Chief Strat Ops Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **06 / 07 / 2019**
Transaction ID : 2019060719415-22
 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 3426 Toringdon Way
 Ste 200
 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) SVP,Chief Strat Ops Office
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **06 / 21 / 2019**
Transaction ID : 2019062119415-22
 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 35 OF 68
	<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. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 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 ▼ 256.14

Date of Receipt 06 / 07 / 2019
Transaction ID : 2019060719415-68
 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 3426 Toringdon Way
 Ste 200
 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 ▼ 256.14

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-68
 Amount of Each Receipt this Period 30.00
 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 ▼ 249.99

Date of Receipt 05 / 24 / 2019
Transaction ID : 2019052419415-71
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.23
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 68
	<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. 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 ▼ 249.99

Date of Receipt 06 / 07 / 2019
Transaction ID : 2019060719415-71
 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 ▼ 249.99

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-71
 Amount of Each Receipt this Period 19.23
 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 ▼ 260.00

Date of Receipt 05 / 24 / 2019
Transaction ID : 2019052419415-5
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.46
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 37 OF 68
	<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. 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 ▼ 260.00

Date of Receipt 06 / 07 / 2019
Transaction ID : 2019060719415-5
 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 ▼ 260.00

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-5
 Amount of Each Receipt this Period 20.00
 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 ▼ 1300.00

Date of Receipt 02 / 01 / 2019
Transaction ID : 2019020119414-45
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00
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 68
	<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. 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2019
Transaction ID : 2019021519415-45
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2019
Transaction ID : 2019030712216-47
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2019
Transaction ID : 2019031519416-47
 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 39 OF 68
	<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. 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2019
Transaction ID : 2019032919416-47
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2019
Transaction ID : 2019041219415-47
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2019
Transaction ID : 2019042619415-47
 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 40 OF 68
	<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. 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 ▼ 1300.00

Date of Receipt
 05 / 10 / 2019
Transaction ID : 2019051019415-47
 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 ▼ 1300.00

Date of Receipt
 05 / 24 / 2019
Transaction ID : 2019052419415-47
 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 ▼ 1300.00

Date of Receipt
 06 / 07 / 2019
Transaction ID : 2019060719415-47
 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 41 OF 68
<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. 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 ▼ 1300.00

Date of Receipt **06 / 21 / 2019**
Transaction ID : 2019062119415-47
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Lucas, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 E 96th St Ste 400
 City Indianapolis State IN Zip Code 46240
 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 ▼ 249.99

Date of Receipt **05 / 24 / 2019**
Transaction ID : 2019052419415-79
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Lucas, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 E 96th St Ste 400
 City Indianapolis State IN Zip Code 46240
 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 ▼ 249.99

Date of Receipt **06 / 07 / 2019**
Transaction ID : 2019060719415-79
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	138.46
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 42 OF 68
	<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. Lucas, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 E 96th St
 Ste 400
 City Indianapolis State IN Zip Code 46240
 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 ▼ 249.99

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-79
 Amount of Each Receipt this Period 19.23
 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, Enterprise PMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 24 / 2019
Transaction ID : 2019052419415-37
 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, Enterprise PMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 07 / 2019
Transaction ID : 2019060719415-37
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	59.23
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 43 OF 68
	<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. 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, Enterprise PMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-37
 Amount of Each Receipt this Period 20.00
 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 Lines U/W
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 03 / 29 / 2019
Transaction ID : 2019032919416-31
 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 Lines U/W
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 04 / 12 / 2019
Transaction ID : 2019041219415-31
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 44 OF 68
	<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. 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 Lines U/W
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 26 / 2019**
Transaction ID : 2019042619415-31
 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 Lines U/W
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 10 / 2019**
Transaction ID : 2019051019415-31
 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 Lines U/W
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 24 / 2019**
Transaction ID : 2019052419415-31
 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 45 OF 68
	<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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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. 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 Lines U/W
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 07 / 2019
Transaction ID : 2019060719415-31
 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 Lines U/W
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-31
 Amount of Each Receipt this Period 30.00
 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 Enterprise Arch & Inf
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 03 / 15 / 2019
Transaction ID : 2019031519416-46
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 68
	<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. 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 Enterprise Arch & Inf
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2019
Transaction ID : 2019032919416-46
 Amount of Each Receipt this Period
 40.00
 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 Enterprise Arch & Inf
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2019
Transaction ID : 2019041219415-46
 Amount of Each Receipt this Period
 40.00
 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 Enterprise Arch & Inf
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2019
Transaction ID : 2019042619415-46
 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 47 OF 68
<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 Enterprise Arch & Inf
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2019
Transaction ID : 2019051019415-46
 Amount of Each Receipt this Period
 40.00
 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 Enterprise Arch & Inf
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2019
Transaction ID : 2019052419415-46
 Amount of Each Receipt this Period
 40.00
 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 Enterprise Arch & Inf
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2019
Transaction ID : 2019060719415-46
 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 48 OF 68
<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. 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 Enterprise Arch & Inf
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-46
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Murphy, Gregory, , ,
 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) Chairman and CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 04 / 2019
Transaction ID : 83D7CA26823D48DC90DB
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Musilli, Charles, , ,
 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 ▼ 3500.00

Date of Receipt 01 / 10 / 2019
Transaction ID : 16BAC9C95B964BCA8E7E
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7040.00
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 49 OF 68
	<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. Musilli, Charles, , ,
 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 ▼ 3500.00

Date of Receipt 05 / 08 / 2019
Transaction ID : C681E372D34941B1995D
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Neale, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way Ste 200
 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, Chief Claims Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 03 / 15 / 2019
Transaction ID : 2019031519416-65
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Neale, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way Ste 200
 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, Chief Claims Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 03 / 29 / 2019
Transaction ID : 2019032919416-65
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1576.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 68
<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. Neale, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 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, Chief Claims Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **04 / 12 / 2019**
Transaction ID : 2019041219415-65
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Neale, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 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, Chief Claims Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **04 / 26 / 2019**
Transaction ID : 2019042619415-65
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Neale, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 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, Chief Claims Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **05 / 10 / 2019**
Transaction ID : 2019051019415-65
 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 51 OF 68
	<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. Neale, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 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, Chief Claims Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2019
Transaction ID : 2019052419415-65
 Amount of Each Receipt this Period
 38.46
 Memo Item

B. Neale, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 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, Chief Claims Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2019
Transaction ID : 2019060719415-65
 Amount of Each Receipt this Period
 38.46
 Memo Item

C. Neale, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3426 Toringdon Way
 Ste 200
 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, Chief Claims Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2019
Transaction ID : 2019062119415-65
 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 52 OF 68
	<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. Oosten, Melinda, , ,
 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, Personal Lines Pricin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **04 / 26 / 2019**
Transaction ID : 2019042619415-61
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Oosten, Melinda, , ,
 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, Personal Lines Pricin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 10 / 2019**
Transaction ID : 2019051019415-61
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Oosten, Melinda, , ,
 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, Personal Lines Pricin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 24 / 2019**
Transaction ID : 2019052419415-61
 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 53 OF 68
<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. Oosten, Melinda, , ,
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, Personal Lines Pricin
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2019

Transaction ID : 2019060719415-61

Amount of Each Receipt this Period
25.00

Memo Item

B. Oosten, Melinda, , ,
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, Personal Lines Pricin
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2019

Transaction ID : 2019062119415-61

Amount of Each Receipt this Period
25.00

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 ▼
1000.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2019

Transaction ID : 2019020119414-67

Amount of Each Receipt this Period
76.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.93
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 54 OF 68
<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. Orecchio, Maria, , ,		Date of Receipt MM / DD / YYYY 02 / 15 / 2019 Transaction ID : 2019021519415-67
Mailing Address 40 Wantage Ave		Amount of Each Receipt this Period 76.93
City Branchville	State NJ	Zip Code 07890
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) SVP, Deputy General Couns	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.09	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Orecchio, Maria, , ,		Date of Receipt MM / DD / YYYY 03 / 01 / 2019 Transaction ID : 2019030712216-69
Mailing Address 40 Wantage Ave		Amount of Each Receipt this Period 76.93
City Branchville	State NJ	Zip Code 07890
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) SVP, Deputy General Couns	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.09	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Orecchio, Maria, , ,		Date of Receipt MM / DD / YYYY 03 / 15 / 2019 Transaction ID : 2019031519416-69
Mailing Address 40 Wantage Ave		Amount of Each Receipt this Period 76.93
City Branchville	State NJ	Zip Code 07890
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) SVP, Deputy General Couns	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.09	

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 55 OF 68
<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. 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 ▼
1000.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2019

Transaction ID : 2019032919416-69

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 ▼
1000.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2019

Transaction ID : 2019041219415-69

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 ▼
1000.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2019

Transaction ID : 2019042619415-69

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 56 OF 68
	<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 ▼
1000.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2019

Transaction ID : 2019051019415-69

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 ▼
1000.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2019

Transaction ID : 2019052419415-69

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 ▼
1000.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2019

Transaction ID : 2019060719415-69

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 57 OF 68
<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. 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 ▼ 1000.09

Date of Receipt **06 / 21 / 2019**
Transaction ID : 2019062119415-69
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Patrickio, Joseph, , ,
 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, Infrastructure Eng.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **05 / 24 / 2019**
Transaction ID : 2019052419415-76
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Patrickio, Joseph, , ,
 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, Infrastructure Eng.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 07 / 2019**
Transaction ID : 2019060719415-76
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.39
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 58 OF 68
	<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. Patrickio, Joseph, , ,
 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, Infrastructure Eng.
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt 06 / 21 / 2019
Transaction ID : 2019062119415-76
 Amount of Each Receipt this Period 19.23
 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 325.00

Date of Receipt 04 / 26 / 2019
Transaction ID : 2019042619415-30
 Amount of Each Receipt this Period 25.00
 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 325.00

Date of Receipt 05 / 10 / 2019
Transaction ID : 2019051019415-30
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 69.23
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 59 OF 68
	<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. 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 ▼ 325.00

Date of Receipt **05 / 24 / 2019**
Transaction ID : 2019052419415-30
 Amount of Each Receipt this Period 25.00
 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 ▼ 325.00

Date of Receipt **06 / 07 / 2019**
Transaction ID : 2019060719415-30
 Amount of Each Receipt this Period 25.00
 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 ▼ 325.00

Date of Receipt **06 / 21 / 2019**
Transaction ID : 2019062119415-30
 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 60 OF 68
	<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. Sarisky, Brian, , ,
 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) Chief UW Officer, CL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **04 / 26 / 2019**
Transaction ID : 2019042619415-10
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Sarisky, Brian, , ,
 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) Chief UW Officer, CL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 10 / 2019**
Transaction ID : 2019051019415-10
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Sarisky, Brian, , ,
 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) Chief UW Officer, CL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 24 / 2019**
Transaction ID : 2019052419415-10
 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 61 OF 68
	<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. Sarisky, Brian, , ,
 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) Chief UW Officer, CL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 07 / 2019**
Transaction ID : 2019060719415-10
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Sarisky, Brian, , ,
 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) Chief UW Officer, CL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 21 / 2019**
Transaction ID : 2019062119415-10
 Amount of Each Receipt this Period 25.00
 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 ▼ 400.00

Date of Receipt **05 / 10 / 2019**
Transaction ID : 2019051019415-60
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 68
<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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2019
Transaction ID : 2019052419415-60
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2019
Transaction ID : 2019060719415-60
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2019
Transaction ID : 2019062119415-60
 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 63 OF 68
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Selective Insurance Company of America Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilcox, Mark, , ,

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, CFO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2019

Transaction ID : A630265E809C41E7AD3A

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	20554.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Selective Insurance Company of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Property Casualty Insurance Association Federal Only Political Action Committee (INSURING A)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	9

Mailing Address 8700 West Bryn Mawr
Suite 1200S

City Chicago State IL Zip Code 60631-3512

FEC Identification Number

C	C00692806
Transaction ID : 9271D19D14f	
Amount of Each Disbursement this Period	
5000.00	

Purpose of Disbursement
2019 Contribution

011
Category/ Type

Candidate Name
American Property Casualty Insurance Association Federal Only Political Action Committee (INSURING A)

Office Sought: House Senate President
Disbursement For: 2019
 Primary General
 Other (specify) Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Crapo Victory Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	9

Mailing Address 228 S. Washington St.
Ste. 115

City Alexandria State VA Zip Code 22314

FEC Identification Number

C	C00649574
Transaction ID : D685400432C	
Amount of Each Disbursement this Period	
1000.00	

Purpose of Disbursement
2019 Contribution

011
Category/ Type

Candidate Name
Crapo Victory Committee

Office Sought: House Senate President
Disbursement For: 2019
 Primary General
 Other (specify) Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Pat Toomey

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	9

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

FEC Identification Number

C	C00461046
Transaction ID : 44899FA83E!	
Amount of Each Disbursement this Period	
2500.00	

Purpose of Disbursement
2022 Primary

011
Category/ Type

Candidate Name
Toomey, Patrick, Joseph, ,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) Contribution

Memo Item

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

8500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. Josh Gottheimer For Congress

Mailing Address PO Box 584

City
Ridgewood

State
NJ

Zip Code
07451

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Gottheimer, Joshua, S., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	9

FEC Identification Number

C C00573949

Transaction ID : E23F387C2E'

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McCarthy Victory Fund

Mailing Address PO Box 30844

City
Bethesda

State
MD

Zip Code
20824-0844

Purpose of Disbursement
2019 Contribution

011

Category/
Type

Candidate Name

McCarthy Victory Fund

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	9

FEC Identification Number

C C00541011

Transaction ID : AE674E9ADC

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Team McHenry

Mailing Address 228 S Washington St Ste 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
2019 Contribution

011

Category/
Type

Candidate Name

Team McHenry

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	1	9

FEC Identification Number

C C00544650

Transaction ID : C14BB7B5E!

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

13000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Selective Insurance Company of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Bryan Cutler

Mailing Address PO Box 624

City
Quaryville

State
PA

Zip Code
17566

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : 037BF79B714

Amount of Each Disbursement this Period

[REDACTED]	1000.00
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Joe Pittman

Mailing Address PO Box 382

City
Indiana

State
PA

Zip Code
15701

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : 999E4FCE103

Amount of Each Disbursement this Period

[REDACTED]	1000.00
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Joe Scarnati

Mailing Address P. O. Box 177

City
Brockway

State
PA

Zip Code
15824

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : 8AA7A81D16

Amount of Each Disbursement this Period

[REDACTED]	1000.00
------------	---------

Memo Item

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

[REDACTED]	3000.00
------------	---------

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

[REDACTED]	
------------	--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Selective Insurance Company of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Turzai Leadership Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2019

Mailing Address P.O. Box 232

FEC Identification Number

C

Transaction ID : 3D8651F4175

Amount of Each Disbursement this Period

1000.00

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement Nonfederal Contribution 011 Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. NJ Coalition for Insurance Professionals PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2019

Mailing Address 15 W. Front Street, 2nd Floor

FEC Identification Number

C

Transaction ID : 5DF950A58B:

Amount of Each Disbursement this Period

6000.00

City Trenton State NJ Zip Code 08608

Purpose of Disbursement Nonfederal Contribution 011 Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. NJ Coalition for Insurance Professionals PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2019

Mailing Address 15 W. Front Street, 2nd Floor

FEC Identification Number

C

Transaction ID : D6FCE9BAE

Amount of Each Disbursement this Period

6000.00

City Trenton State NJ Zip Code 08608

Purpose of Disbursement Nonfederal Contribution 011 Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

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

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

<input type="text"/>	13000.00
<input type="text"/>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Selective Insurance Company of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. NJ Coalition for Insurance Professionals PAC

Mailing Address 15 W. Front Street, 2nd Floor

City Trenton State NJ Zip Code 08608

Purpose of Disbursement
Voided Check - Originally reported on 1/15/2019

011

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2019

FEC Identification Number

C
Transaction ID : E4F348610C
Amount of Each Disbursement this Period
- 6000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pennsylvania Insurance PAC (PIPAC)

Mailing Address 1600 Market Street Suite 1720

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2019

FEC Identification Number

C
Transaction ID : 5E3135AA213
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

- 1000.00

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

15000.00