

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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2018 through [MM] / [DD] / [YYYY] 03 / 31 / 2018

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 [MM] / [DD] / [YYYY] 04 / 09 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		44936.58
(b) Cash on Hand at Beginning of Reporting Period.....	44936.58	
(c) Total Receipts (from Line 19)	8226.76	8226.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53163.34	53163.34
7. Total Disbursements (from Line 31).....	15950.00	15950.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37213.34	37213.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

Report Covering the Period: From: 01 / 01 / 2018 To: 03 / 31 / 2018

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).....	5646.20	5646.20
(ii) Unitemized	2580.56	2580.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8226.76	8226.76
(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)	8226.76	8226.76
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)).....▶	8226.76	8226.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8226.76	8226.76

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	4500.00
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).....	11450.00	11450.00
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)) ..	15950.00	15950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15950.00	15950.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	8226.76	8226.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8226.76	8226.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
<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. Anderson, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Windy Brow Mnr
 City Fredon State NJ Zip Code 07860-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Chief UW Officer P/L
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 16 / 2018
Transaction ID : A98BA916286A94D4DBD9
 Amount of Each Receipt this Period 230.76
 Memo Item
 Payroll Deduction: \$38.46/Bi-Weekly

B. Beck, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 W Hampton Rd
 City Philadelphia State PA Zip Code 19118-3610
 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 ▼ 461.52

Date of Receipt 03 / 16 / 2018
Transaction ID : ABCAF4E9D24BE40D9AB0
 Amount of Each Receipt this Period 461.52
 Memo Item
 Payroll Deduction: \$76.92/Bi-Weekly

C. Clark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8904 Rams Crossing Ct # C
 City North Chesterfield State VA Zip Code 23236-1388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Claims General Couns
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2018
Transaction ID : AFE9EBFC7F9BF4E6A92F
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	992.28
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 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hall, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Delamere Dr
 City Matthews State NC Zip Code 28104-6866
 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 ▼ 600.00

Date of Receipt 03 / 16 / 2018
Transaction ID : AD1F0548BD9E343E78C7
 Amount of Each Receipt this Period 600.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

B. Lanza, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Sparta Ave Apt 301
 City Sparta State NJ Zip Code 07871-6704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 16 / 2018
Transaction ID : A00C0C3CDE2794885B84
 Amount of Each Receipt this Period 600.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

C. Lykins, Deana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Wintermute Rd
 City Newton State NJ Zip Code 07860-5411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Corp Cnsl&Gov't Aff D
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2018
Transaction ID : A334EA96701FA4C12931
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mc Lain, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1402 Venetian Way Dr
 City Waxhaw State NC Zip Code 28173-8079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Chief Field Ops Offi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt 03 / 16 / 2018
Transaction ID : AB1557AFB54D24F298F2
 Amount of Each Receipt this Period 461.58
 Memo Item
 Payroll Deduction: \$76.93/Bi-Weekly

B. Musilli, Charles, A., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Linquenda Dr
 City Sussex State NJ Zip Code 07461-2739
 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 ▼ 2000.00

Date of Receipt 01 / 25 / 2018
Transaction ID : A097BA780DF4F4E3C94C
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Neale, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7313 Harcourt Xing
 City Fort Mill State SC Zip Code 29707-5986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Claims Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 16 / 2018
Transaction ID : AC73A87B1E1A34F9696C
 Amount of Each Receipt this Period 230.76
 Memo Item
 Payroll Deduction: \$38.46/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	2692.34
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 13
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Orecchio, Maria, , ,

Mailing Address 54 McKesson Hill Rd

City Chappaqua	State NY	Zip Code 10514-1631
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Selective Insurance Company of America	Occupation (for Individual) SVP, Deputy General Couns
-----------------------------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2018

Transaction ID : A1A2A9384DB784BADA06

Amount of Each Receipt this Period
461.58

Memo Item
Payroll Deduction: \$76.93/Bi-Weekly

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	461.58
TOTAL This Period (last page this line number only).....	5646.20

**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. Blaine For Congress

Mailing Address 3410 Alabama Avenue

City
Alexandria

State
VA

Zip Code
22305-1736

Purpose of Disbursement
Insurance Industry Event Hosted by 'Big I'

Candidate Name

Luetkemeyer, Blaine, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: MO District: 03

Date of Disbursement

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

FEC Identification Number

C c00458679

Transaction ID : B66480EF86I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hoyer's Majority Fund

Mailing Address 499 South Capitol Street SW
Suite 406

City
Washington

State
DC

Zip Code
20003-4004

Purpose of Disbursement
Insurance Industry Event Hosted by 'Big I'

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BD68329E4C4

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hultgren for Congress

Mailing Address 5827 Colfax Avenue

City
Alexandria

State
VA

Zip Code
22311-1013

Purpose of Disbursement
AIA and Hartford Event - Con. Hultgren

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BB46D8AB8

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)..... ▶

4500.00

**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. Build PA PAC

Mailing Address P. O. Box 412

City
Harrisburg

State
PA

Zip Code
17108-0412

Purpose of Disbursement
PIPAC Dinner Sen. Jake Corman

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2018

FEC Identification Number

C []

Transaction ID : BBF6761B22
Amount of Each Disbursement this Period

[] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Don White

Mailing Address P.O. Box 363

City
Indiana

State
PA

Zip Code
15701-0363

Purpose of Disbursement
State Trade Dinner - Sen. White

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2018

FEC Identification Number

C []

Transaction ID : B415C95A0A:
Amount of Each Disbursement this Period

[] 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
15824-0177

Purpose of Disbursement
State Trade Dinner - Sen. Scarnati

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2018

FEC Identification Number

C []

Transaction ID : B0A60C22D3
Amount of Each Disbursement this Period

[] 1000.00

Memo Item

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

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

[] 3000.00

[]

**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 Mike Busch

Mailing Address 1215 E. Fort Avenue
Suite 303

City Baltimore State MD Zip Code 21230-5281

Purpose of Disbursement
AIA Reception for MD Speaker of House of Delegates

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2018

FEC Identification Number

C
Transaction ID : BEABA6DC6I
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Justice Curran Re-Election Committee

Mailing Address C/O Ross Kostecky
P.O. Box 172

City Buffalo State NY Zip Code 14201-0172

Purpose of Disbursement
Contribution to candidate - NY State Supreme Court

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C
Transaction ID : B54250EF8AI
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MIC-PAC

Mailing Address 220 Madison Street
3RD Floor

City Jefferson City State MO Zip Code 65101-3220

Purpose of Disbursement
MIC-PAC Dinner

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2018

FEC Identification Number

C
Transaction ID : B273B9EBB;
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

2250.00

**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. NJ Coalition for Insurance Professionals PAC		Date of Disbursement MM / DD / YYYY 02 / 02 / 2018
Mailing Address 15 W. Front Street, 2nd Floor		FEC Identification Number C Transaction ID : BDFD6B4751 Amount of Each Disbursement this Period 6000.00
City Trenton	State NJ	
Purpose of Disbursement 2018 Contribution to CIP PAC		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	11250.00