PAGE 1 / 11

Image# 14961546896

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORW 3X	For Other Than An A	uthorized Committe	e		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	a, type	10000	5 333 311ly	
COMMITTEE (in full)	, , , , , , , , , , , , , , , , , , , ,	over the lines.	9, 1900	12FE4M5		
Selective Insurance	Company of America	Political Action C	ommittee			
ADDRESS (number and street)	40 Wantage Ave					
Check if different						
than previously reported. (ACC)	Branchville			NJ _	07890	
2. FEC IDENTIFICATION	NUMBER ▼	CITY	S	TATE 🛦	ZIP COD	E A
C C00550889	3.	IS THIS REPORT X (N	EW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly F Report	Feb 20 (M2)	lay 20 (M5)	Aug 2	20 (M8)	Nov 20 (M11) Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	un 20 (M6)	Sep 2	20 (M9) [Dec 20 (M12) Non-Election Year Only)
April 15	A	xpr 20 (M4) X J	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Repor	t (Q1) (c) 12-Day	Primary (12P)		General (12G) F	Runoff (12R)
July 15 Quarterly Repor	t (Q2) PRE-Election Report for the	: Convention (1	2C)	Special (1	 12S)	
October 15 Quarterly Repor	t (Q3)					
January 31 Year-End Repor	t (YE) Elec	ction on	D D / Y	Y	in the State of	
July 31 Mid-Yea Report (Non-ele Year Only) (MY)	ction (d) 30-Day	,		Runoff (3	OR) S	Special (30S)
Termination Rep (TER)	port	ction on	D = D / Y	YYYY	in the State of	
5. Covering Period	06 01 / Y Y Y 2014		M M M 06	/ 30 /	2014	
I certify that I have examined	this Report and to the best	of my knowledge and b	elief it is true	, correct and	complete.	
Type or Print Name of Treas	•	· •			· 	
Signature of Treasurer $\frac{J_0}{-}$	effrey F. Beck	[Electronically	<i>Filed]</i> Da	te 07	/ DDD / Y	2014
NOTE: Submission of false, er	roneous, or incomplete informa	ition may subject the pers	on signing this	s Report to th	e penalties of 2 U.S	S.C. §437g.
Office				-		
Use Only					FEC FORM Rev. 12/200	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Selective Insurance Company of America Political Action Committee 06 2014 06 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1767.30 January 1, 2014 (b) Cash on Hand at 4403.80 Beginning of Reporting Period..... 9317.26 680.76 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 5084.56 11084.56 6(a) and 6(c) for Column B)..... 1000.00 7000.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 4084.56 4084.56 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

I. Receipts	I. Receipts COLUMN A Total This Period	
. Contributions (other than loans) From:		Calendar Year-to-Date
(a) Individuals/Persons Other		
Than Political Committees		1510.00
(i) Itemized (use Schedule A)	642.30	4548.06
2 ¹⁵ 11 11 11 11 11	20.40	4760.20
(ii) Unitemized(iii) TOTAL (add	38.46	4769.20
Lines 11(a)(i) and (ii)	680.76	9317.26
Ellics Tr(a)(i) and (ii)	7, 7, 552.15	
(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	680.76	9317.26
Totals to Line 33, page 5)	080.76	3317.20
. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
(1) 1	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
(6) 1014: 114:101010 (4444-10(4)) 4:14-10(5)) 1:		7 7 7
Table Description (ALL Proceeded ALL Proceedings of the Control of		
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	680.76	9317.26
12, 10, 17, 10, 17, and 10(c//	000.70	3317.20
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	680.76	9317.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/Non-Federal		Total Tillo I Ollow	Calcinal Tear-to-Date
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(1)		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	5000.00
	Independent Expenditures	0.00	0.00
	(use Schedule E) Coordinated Party Expenditures	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	(
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To:	3.00	
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	3.00
	(d) Total Contribution Refunds	0.00	
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	1000.00	2000.00
	Other Dispursements	1000.00	200000
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	3.00	
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	7000.00
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	1000.00	7000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page **5**

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	680.76	9317.26
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	680.76	9317.26
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
'. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

	FOR LINE	NUMBER:	PAGE	5 6	OF
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	2
,	13	14	15	1	6

11

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.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Selective Insurance Company o	f America Political Action Committ	tee
Α.	Full Name (Last, First, Middle Initial) Allen Anderson Mailing Address 2 Windy Brow Mnr		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	City Newton FEC ID number of contributing federal political committee. Name of Employer Selective Insurance Company of America Receipt For: Primary General Other (specify) ▼	State Zip Code NJ 07860-5381 C Occupation Aggregate Year-to-Date ▼ 230.76	Transaction ID: F3E462625685449095E1 Amount of Each Receipt this Period 38.46
3.	Full Name (Last, First, Middle Initial) Jeffrey Beck Mailing Address 4 Whitefield Dr City Lafayette Hill FEC ID number of contributing federal political committee. Name of Employer Selective Insurance Company of America Receipt For: Primary General Other (specify)	State Zip Code PA 19444-1648 C Occupation SVP, Government and Regulatory Affairs Aggregate Year-to-Date ▼ 999.96	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Jeffrey Beck Mailing Address 4 Whitefield Dr City Lafayette Hill FEC ID number of contributing federal political committee. Name of Employer Selective Insurance Company of America Receipt For: Primary General Other (specify)	State Zip Code PA 19444-1648 C Occupation SVP, Government and Regulatory Affairs Aggregate Year-to-Date ▼ 999.96	Date of Receipt M M / 27 2014 Transaction ID: 6F02E592E97C4D379A44 Amount of Each Receipt this Period 76.92
s	UBTOTAL of Receipts This Page (optional)	•	192.30
Т	OTAL This Period (last page this line number of	only)	

	FOR LI	NE NU	JMBER	:	PAGE	7	OF	
Use separate schedule(s)	(check	only o	ne)					
for each category of the Detailed Summary Page	X 11	a	11b		11c	12		
	13		14		15	16	Γ	٠

11

Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	of America Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. Sarita Chakravarthi		Date of Receipt
Mailing Address 648 S Brooksvale Rd		06 13 2014
City	State Zip Code	Transaction ID : 60C747B5650D4AB995F6
Cheshire	CT 06410-3517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	23.08
Name of Employer	Occupation	
Selective Insurance Company of America	SVP, Tax & Assitant Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.04	
Full Name (Last, First, Middle Initial) 3. Sarita Chakravarthi		Date of Receipt
Mailing Address 648 S Brooksvale Rd		06 27 2014 _
City	State Zip Code	Transaction ID : 7BE95A0EB9A34C4E927E
Cheshire	CT 06410-3517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	23.08
Name of Employer	Occupation	
Selective Insurance Company of America	SVP, Tax & Assitant Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.04	
Full Name (Last, First, Middle Initial) C. Thomas Clark		Date of Receipt
Mailing Address 8904 Rams Crossing Ct		06 13 2014
City	State Zip Code	Transaction ID : BF6C915FF3474A079301
North Chesterfield	VA 23236-1388	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Selective Insurance Company of America	SVP, Claims General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	325.00	
<u>. </u>		
SUBTOTAL of Receipts This Page (optional)	>	71.16
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

11

14 13 15 16 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) Thomas Clark Date of Receipt Mailing Address 8904 Rams Crossing Ct 2014 27 City Zip Code State Transaction ID: CAAF7080A27D49318DE9 VA North Chesterfield 23236-1388 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation SVP, Claims General Counsel Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Crosta Date of Receipt Mailing Address 54 Lee Rd 06 13 2014 City State Zip Code Transaction ID: A41CBF97726648ADA5EF NJ 07039-4134 Livingston Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Selective Insruance Company of America VP, Assistant General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Crosta Date of Receipt Mailing Address 54 Lee Rd 27 2014 City Zip Code State Transaction ID: 2170774E53A24B79A4AD NJ Livingston 07039-4134 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation VP, Assistant General Counsel Selective Insruance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 101.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** (check only one) X 11a 11b 11c

9 OF 11 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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) Michael Lanza Date of Receipt Mailing Address PO Box 1495 2014 City Zip Code State Transaction ID: DB26F28521E144DBB1AE Sparta NJ 07871-5495 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation EVP, General Counsel Selective Insurace Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Lanza Date of Receipt Mailing Address PO Box 1495 06 27 2014 City State Zip Code Transaction ID: 844893E5EA6A46AC9DDC NJ Sparta 07871-5495 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Selective Insurace Company of America EVP, General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) c. George Neale Date of Receipt Mailing Address 10029 Daufuskie Dr 13 2014 City State Zip Code Transaction ID: 53F244243AEE479AB4C4 NC Charlotte 28278-9041 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation SVP, Chief Claims Officer Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 499 98 Other (specify) 238.46

- 9

9

SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

11

for each category of the Detailed Summary Page 14 13 15 16 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) George Neale Date of Receipt Mailing Address 10029 Daufuskie Dr 2014 27 City Zip Code State Transaction ID: 815C573EC2AC4C988384 NC Charlotte 28278-9041 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation SVP, Chief Claims Officer Selective Insurance Company of America Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 38.46 SUBTOTAL of Receipts This Page (optional)..... 642.30 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 11 OF 11
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c x 29 30
Any information conied from such Bereits and Clatter	nonto mou not ha sald as as		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
Selective Insurance Company of A	merica Political Acti	on Commit	tee
Full Name (Last, First, Middle Initial)			
A. Friends of Anthony Brown			Date of Disbursement
Mailing Address 12138 Central Avenue #163			06 30 2014
City	State Zip Code		Transaction ID : CFD2DE2BCF1EFAAE1
Bowie	MD 20721		Transaction ID . CFD2DE2BCFTEFAAETI
Purpose of Disbursement Nonfederal Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Sought: House Disburser	ment For:	Туре	
Senate President	Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
В.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			A (5 B)
Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburser	ment For:		
Senate	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For:	1,700	7 7
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			1000.00
TOTAL This Period (last page this line number only)			1000.00