



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="1767.30"/>	<input type="text" value="1767.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4403.80"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="680.76"/>	<input type="text" value="9317.26"/>
(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="5084.56"/>	<input type="text" value="11084.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1000.00"/>	<input type="text" value="7000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4084.56"/>	<input type="text" value="4084.56"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	642.30	4548.06
(ii) Unitemized .....	38.46	4769.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	680.76	9317.26
(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) .....	680.76	9317.26
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))..... ▶	680.76	9317.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	680.76	9317.26

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	1000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	1000.00	7000.00
32. 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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	680.76	9317.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	680.76	9317.26
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 11
<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. Allen Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Windy Brow Mnr  
City Newton State NJ Zip Code 07860-5381  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
06 / 27 / 2014  
Transaction ID : F3E462625685449095E1  
Amount of Each Receipt this Period 38.46

**B. Jeffrey Beck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Whitefield Dr  
City Lafayette Hill State PA Zip Code 19444-1648  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation SVP, Government and Regulatory Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
06 / 13 / 2014  
Transaction ID : 58168E8B09274E6DBCBC  
Amount of Each Receipt this Period 76.92

**C. Jeffrey Beck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Whitefield Dr  
City Lafayette Hill State PA Zip Code 19444-1648  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Selective Insurance Company of America Occupation SVP, Government and Regulatory Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
06 / 27 / 2014  
Transaction ID : 6F02E592E97C4D379A44  
Amount of Each Receipt this Period 76.92

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 192.30  
**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 11		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Sarita Chakravarthi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 648 S Brooksvale Rd  
 City Cheshire State CT Zip Code 06410-3517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Tax & Assitant Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2014  
**Transaction ID : 60C747B5650D4AB995F6**  
 Amount of Each Receipt this Period  
 23.08

**B. Sarita Chakravarthi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 648 S Brooksvale Rd  
 City Cheshire State CT Zip Code 06410-3517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Tax & Assitant Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : 7BE95A0EB9A34C4E927E**  
 Amount of Each Receipt this Period  
 23.08

**C. Thomas Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8904 Rams Crossing Ct  
 City North Chesterfield State VA Zip Code 23236-1388  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Claims General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2014  
**Transaction ID : BF6C915FF3474A079301**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 71.16  
**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:	PAGE 8 OF 11
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Thomas Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 8904 Rams Crossing Ct

City North Chesterfield State VA Zip Code 23236-1388

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

Name of Employer Selective Insurance Company of America Occupation SVP, Claims General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 27 / 2014**

**Transaction ID : CAAF7080A27D49318DE9**

Amount of Each Receipt this Period **25.00**

**B. Stephen Crosta**  
Full Name (Last, First, Middle Initial)

Mailing Address 54 Lee Rd

City Livingston State NJ Zip Code 07039-4134

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

Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt **06 / 13 / 2014**

**Transaction ID : A41CBF97726648ADA5EF**

Amount of Each Receipt this Period **38.46**

**C. Stephen Crosta**  
Full Name (Last, First, Middle Initial)

Mailing Address 54 Lee Rd

City Livingston State NJ Zip Code 07039-4134

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

Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt **06 / 27 / 2014**

**Transaction ID : 2170774E53A24B79A4AD**

Amount of Each Receipt this Period **38.46**

**SUBTOTAL** of Receipts This Page (optional)..... ► **101.92**

**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 11
	<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. Michael Lanza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1495  
 City Sparta State NJ Zip Code 07871-5495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, General Counsel  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1300.00**

Date of Receipt **06 / 13 / 2014**  
**Transaction ID : DB26F28521E144DBB1AE**  
 Amount of Each Receipt this Period **100.00**

**B. Michael Lanza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1495  
 City Sparta State NJ Zip Code 07871-5495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation EVP, General Counsel  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1300.00**

Date of Receipt **06 / 27 / 2014**  
**Transaction ID : 844893E5EA6A46AC9DDC**  
 Amount of Each Receipt this Period **100.00**

**C. George Neale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10029 Daufuskie Dr  
 City Charlotte State NC Zip Code 28278-9041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selective Insurance Company of America Occupation SVP, Chief Claims Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **499.98**

Date of Receipt **06 / 13 / 2014**  
**Transaction ID : 53F244243AEE479AB4C4**  
 Amount of Each Receipt this Period **38.46**

**SUBTOTAL** of Receipts This Page (optional)..... **238.46**  
**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: PAGE 10 OF 11  
(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 (Last, First, Middle Initial)  
**George Neale**

Mailing Address 10029 Daufuskie Dr

City Charlotte State NC Zip Code 28278-9041

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

Name of Employer Selective Insurance Company of America Occupation SVP, Chief Claims Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : 815C573EC2AC4C988384**

Amount of Each Receipt this Period  
**38.46**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>38.46</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>642.30</b>

# 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"/> 24	<input type="checkbox"/> 25	<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 Anthony Brown

Mailing Address 12138 Central Avenue  
#163

City Bowie State MD Zip Code 20721

Purpose of Disbursement  
Nonfederal Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : CFD2DE2BCF1EFAAE1BD

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1000.00

1000.00