

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 ▼** C00550889 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 11 / 04 / 2014 in the State of 0

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeffrey F. Beck

Signature of Treasurer Jeffrey F. Beck [Electronically Filed] Date 10 / 22 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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

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="2686.84"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="480.38"/>	<input type="text" value="12399.92"/>
(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="3167.22"/>	<input type="text" value="14167.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="11000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3167.22"/>	<input type="text" value="3167.22"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

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).....	440.38	10284.54
(ii) Unitemized	40.00	2115.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	480.38	12399.92
(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)	480.38	12399.92
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))..... ▶	480.38	12399.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	480.38	12399.92

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	0.00	6000.00
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)) ..	0.00	11000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	11000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	480.38	12399.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	480.38	12399.92
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 8
	<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

Full Name (Last, First, Middle Initial)
A. Allen Anderson

Mailing Address 2 Windy Brow Mnr

City State Zip Code
Newton NJ 07860-5381

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

Name of Employer Occupation
Selective Insurance Company of America SVP, Chief U/W Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
10 / 03 / 2014
Transaction ID : 80E5AF4C3ACF46BCA892

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
B. Jeffrey Beck

Mailing Address 4 Whitefield Dr

City State Zip Code
Lafayette Hill PA 19444-1648

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

Name of Employer Occupation
Selective Insurance Company of America SVP, Government and Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1538.40

Date of Receipt
10 / 03 / 2014
Transaction ID : 526CD45FCDE9431B9BE9

Amount of Each Receipt this Period
76.92

Full Name (Last, First, Middle Initial)
C. Sarita Chakravarthi

Mailing Address 648 S Brooksvale Rd

City State Zip Code
Cheshire CT 06410-3517

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

Name of Employer Occupation
Selective Insurance Company of America SVP, Tax & Assitant Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.60

Date of Receipt
10 / 03 / 2014
Transaction ID : FA15CDD7FBEF4CADA992

Amount of Each Receipt this Period
23.08

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 7 OF 8
	<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. 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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014

Transaction ID : 524AB1BD729644F18B2A

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 ▼ **730.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014

Transaction ID : A5A61D77A4664AECB192

Amount of Each Receipt this Period
38.46

C. Brenda Hall
Full Name (Last, First, Middle Initial)

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 Selective Insurance Company of America Occupation SVP, Field Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014

Transaction ID : B7FC1188050046B8A196

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ► **113.46**

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 8 OF 8
	<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

Full Name (Last, First, Middle Initial)
A. Michael Lanza

Mailing Address PO Box 1495

City State Zip Code
Sparta NJ 07871-5495

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

Name of Employer Occupation
Selective Insurance Company of America EVP, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : 3F9288FC2B3F4457893B

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. George Neale

Mailing Address 10029 Daufuskie Dr

City State Zip Code
Charlotte NC 28278-9041

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : 6CF585C3B37B42D18DBB

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
c. Maria Orecchio

Mailing Address 54 McKesson Hill Rd

City State Zip Code
Chappaqua NY 10514-1631

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

Name of Employer Occupation
Selective Insurance Company of America Vice President, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : B7CE17DFCAC748EDACA3

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	188.46
TOTAL This Period (last page this line number only).....▶	440.38