

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 C C00550889 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15 (checked), January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 / 01 / 2018 through 09 / 30 / 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 11 / 14 / 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"/>	<input type="text" value=""/>	<input type="text" value="36358.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="43581.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9582.29"/>	<input type="text" value="46232.89"/>
(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="53163.89"/>	<input type="text" value="82590.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14323.00"/>	<input type="text" value="43750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38840.89"/>	<input type="text" value="38840.89"/>
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: M M / D D / Y Y Y Y Y Y
07 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 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).....	9136.98	39847.09
(ii) Unitemized	445.31	6385.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9582.29	46232.89
(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)	9582.29	46232.89
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)).....▶	9582.29	46232.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9582.29	46232.89

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	- 977.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	- 977.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	27500.00
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).....	300.00	16250.00
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)) ..	14323.00	43750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14323.00	43750.00

DETAILED SUMMARY PAGE
of Disbursements

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)	9582.29	46232.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9582.29	46232.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	- 977.00	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)	- 977.00	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 77
	<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 203 Windsor Dr
 City Northampton State PA Zip Code 18067-1780
 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 ▼ 461.60

Date of Receipt 07 / 06 / 2018
Transaction ID : 20180918_00002121
 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 203 Windsor Dr
 City Northampton State PA Zip Code 18067-1780
 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 ▼ 461.60

Date of Receipt 07 / 20 / 2018
Transaction ID : 20180918_00002097
 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 203 Windsor Dr
 City Northampton State PA Zip Code 18067-1780
 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 ▼ 461.60

Date of Receipt 08 / 03 / 2018
Transaction ID : 20180918_00002038
 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 77
	<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. Adams, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Windsor Dr
 City Northampton State PA Zip Code 18067-1780
 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 ▼ 461.60

Date of Receipt 08 / 17 / 2018
Transaction ID : 20180918_00002005
 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 203 Windsor Dr
 City Northampton State PA Zip Code 18067-1780
 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 ▼ 461.60

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_4
 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 203 Windsor Dr
 City Northampton State PA Zip Code 18067-1780
 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 ▼ 461.60

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_5
 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 8 OF 77
	<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. Adams, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Windsor Dr
 City Northampton State PA Zip Code 18067-1780
 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 ▼ 461.60

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_6
 Amount of Each Receipt this Period 23.08
 Memo Item

B. Albert, Shadi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10977 N 137th St Ste 310
 City Scottsdale State AZ Zip Code 85259-5128
 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 ▼ 384.60

Date of Receipt 07 / 06 / 2018
Transaction ID : 20180918_00002127
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Albert, Shadi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10977 N 137th St Ste 310
 City Scottsdale State AZ Zip Code 85259-5128
 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 ▼ 384.60

Date of Receipt 07 / 20 / 2018
Transaction ID : 20180918_00002068
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 61.54
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 77
	<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. Albert, Shadi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10977 N 137th St
 Ste 310
 City Scottsdale State AZ Zip Code 85259-5128
 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 ▼ 384.60

Date of Receipt 08 / 03 / 2018
Transaction ID : 20180918_00002046
 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 10977 N 137th St
 Ste 310
 City Scottsdale State AZ Zip Code 85259-5128
 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 ▼ 384.60

Date of Receipt 08 / 17 / 2018
Transaction ID : 20180918_00002022
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Albert, Shadi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10977 N 137th St
 Ste 310
 City Scottsdale State AZ Zip Code 85259-5128
 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 ▼ 384.60

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_67
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 77
<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. Albert, Shadi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10977 N 137th St
 Ste 310
 City Scottsdale State AZ Zip Code 85259-5128
 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : DELT_20180914_68
 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 10977 N 137th St
 Ste 310
 City Scottsdale State AZ Zip Code 85259-5128
 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2018
Transaction ID : DELT_20180928_69
 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 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 ▼ 769.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : 20180918_00002119
 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 11 OF 77
<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 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 ▼ 769.20

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002085
 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 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 ▼ 769.20

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002041
 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 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 ▼ 769.20

Date of Receipt **08 / 17 / 2018**
Transaction ID : 20180918_00002031
 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 12 OF 77
	<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 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 ▼ 769.20

Date of Receipt **08 / 31 / 2018**
Transaction ID : DELT_20180831_46
 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 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 ▼ 769.20

Date of Receipt **09 / 14 / 2018**
Transaction ID : DELT_20180914_47
 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 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 ▼ 769.20

Date of Receipt **09 / 28 / 2018**
Transaction ID : DELT_20180928_48
 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 13 OF 77
<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. Anthony, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6141 W Park Ave
 Unit 75
 City Chandler State AZ Zip Code 85226-1195
 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 ▼ 500.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : 20180918_00002113
 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 6141 W Park Ave
 Unit 75
 City Chandler State AZ Zip Code 85226-1195
 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 ▼ 500.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002071
 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 6141 W Park Ave
 Unit 75
 City Chandler State AZ Zip Code 85226-1195
 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 ▼ 500.00

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002044
 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 14 OF 77
	<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

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. Anthony, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6141 W Park Ave
 Unit 75
 City Chandler State AZ Zip Code 85226-1195
 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 ▼ 500.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 20180918_00002002
 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 6141 W Park Ave
 Unit 75
 City Chandler State AZ Zip Code 85226-1195
 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 ▼ 500.00

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_25
 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 6141 W Park Ave
 Unit 75
 City Chandler State AZ Zip Code 85226-1195
 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 ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_26
 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 15 OF 77
	<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. Anthony, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6141 W Park Ave
 Unit 75
 City Chandler State AZ Zip Code 85226-1195
 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 ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_27
 Amount of Each Receipt this Period 25.00
 Memo Item

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 ▼ 1538.40

Date of Receipt 07 / 06 / 2018
Transaction ID : 20180918_00002132
 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 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 ▼ 1538.40

Date of Receipt 07 / 20 / 2018
Transaction ID : 20180918_00002079
 Amount of Each Receipt this Period 76.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	178.84
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 16 OF 77
<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. Beck, Jeffrey, , ,			Date of Receipt MM / DD / YYYY 08 / 03 / 2018 Transaction ID : 20180918_00002065
Mailing Address 35 W Hampton Rd			Amount of Each Receipt this Period 76.92
City Philadelphia	State PA	Zip Code 19118-3610	<input type="checkbox"/> Memo Item
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beck, Jeffrey, , ,			Date of Receipt MM / DD / YYYY 08 / 17 / 2018 Transaction ID : 20180918_00002025
Mailing Address 35 W Hampton Rd			Amount of Each Receipt this Period 76.92
City Philadelphia	State PA	Zip Code 19118-3610	<input type="checkbox"/> Memo Item
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Beck, Jeffrey, , ,			Date of Receipt MM / DD / YYYY 08 / 31 / 2018 Transaction ID : DELT_20180831_55
Mailing Address 35 W Hampton Rd			Amount of Each Receipt this Period 76.92
City Philadelphia	State PA	Zip Code 19118-3610	<input type="checkbox"/> Memo Item
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1538.40		

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 17 OF 77
<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 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 ▼ 1538.40

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_56
 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 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 ▼ 1538.40

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_57
 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 10 Landrud Rd
 City Sussex State NJ Zip Code 07461-4003
 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 ▼ 400.00

Date of Receipt 07 / 06 / 2018
Transaction ID : 20180918_00002117
 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 18 OF 77
<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. Bennett, Cyndi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Landrud Rd
 City Sussex State NJ Zip Code 07461-4003
 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 ▼ 400.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002080
 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 10 Landrud Rd
 City Sussex State NJ Zip Code 07461-4003
 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 ▼ 400.00

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002056
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Bennett, Cyndi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Landrud Rd
 City Sussex State NJ Zip Code 07461-4003
 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 ▼ 400.00

Date of Receipt **08 / 17 / 2018**
Transaction ID : 20180918_00002030
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 19 OF 77
	<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. Bennett, Cyndi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Landrud Rd
 City Sussex State NJ Zip Code 07461-4003
 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 ▼ 400.00

Date of Receipt
 08 / 31 / 2018
Transaction ID : DELT_20180831_49
 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 10 Landrud Rd
 City Sussex State NJ Zip Code 07461-4003
 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 ▼ 400.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : DELT_20180914_50
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Bennett, Cyndi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Landrud Rd
 City Sussex State NJ Zip Code 07461-4003
 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 ▼ 400.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : DELT_20180928_51
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 20 OF 77
	<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. Bresney, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Northridge Ct
 City Hackettstown State NJ Zip Code 07840-5684
 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 ▼ 384.60

Date of Receipt **07 / 06 / 2018**
Transaction ID : 20180918_00002102
 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 8 Northridge Ct
 City Hackettstown State NJ Zip Code 07840-5684
 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 ▼ 384.60

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002099
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Bresney, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Northridge Ct
 City Hackettstown State NJ Zip Code 07840-5684
 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 ▼ 384.60

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002040
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.69
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 77
	<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. Bresney, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Northridge Ct
 City Hackettstown State NJ Zip Code 07840-5684
 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 ▼ 384.60

Date of Receipt 08 / 17 / 2018
Transaction ID : 20180918_00002011
 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 8 Northridge Ct
 City Hackettstown State NJ Zip Code 07840-5684
 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 ▼ 384.60

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_34
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Bresney, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Northridge Ct
 City Hackettstown State NJ Zip Code 07840-5684
 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 ▼ 384.60

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_35
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 77
	<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. Bresney, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Northridge Ct
 City Hackettstown State NJ Zip Code 07840-5684
 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 ▼ 384.60

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_36
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Chakravarthi, Sarita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Tax & Asst Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.60

Date of Receipt 07 / 06 / 2018
Transaction ID : 20180918_00002126
 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 648 S Brooksvale Rd
 City Cheshire State CT Zip Code 06410-3517
 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 ▼ 461.60

Date of Receipt 07 / 20 / 2018
Transaction ID : 20180918_00002090
 Amount of Each Receipt this Period 23.08
 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 23 OF 77
	<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. Chakravarthi, Sarita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Tax & Asst Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.60

Date of Receipt 08 / 03 / 2018
Transaction ID : 20180918_00002066
 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 648 S Brooksvale Rd
 City Cheshire State CT Zip Code 06410-3517
 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 ▼ 461.60

Date of Receipt 08 / 17 / 2018
Transaction ID : 20180918_00002013
 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 648 S Brooksvale Rd
 City Cheshire State CT Zip Code 06410-3517
 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 ▼ 461.60

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_52
 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 24 OF 77
	<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. Chakravarthi, Sarita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Tax & Asst Treasurer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 461.60

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_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 648 S Brooksvale Rd
 City Cheshire State CT Zip Code 06410-3517
 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 ▼ 461.60

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_54
 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 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 ▼ 1000.00

Date of Receipt 07 / 06 / 2018
Transaction ID : 20180918_00002106
 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 25 OF 77
	<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. 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 ▼ 1000.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002086
 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 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 ▼ 1000.00

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002039
 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 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 ▼ 1000.00

Date of Receipt **08 / 17 / 2018**
Transaction ID : 20180918_00002006
 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 77
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Clark, Thomas, , ,			Date of Receipt
Mailing Address 8904 Rams Crossing Ct # C			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2018"/>
City North Chesterfield	State VA	Zip Code 23236-1388	Transaction ID : DELT_20180831_61
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) Selective Insurance Company of America		Occupation (for Individual) SVP, Claims General Couns	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Clark, Thomas, , ,			Date of Receipt
Mailing Address 8904 Rams Crossing Ct # C			<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2018"/>
City North Chesterfield	State VA	Zip Code 23236-1388	Transaction ID : DELT_20180914_62
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) Selective Insurance Company of America		Occupation (for Individual) SVP, Claims General Couns	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Clark, Thomas, , ,			Date of Receipt
Mailing Address 8904 Rams Crossing Ct # C			<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2018"/>
City North Chesterfield	State VA	Zip Code 23236-1388	Transaction ID : DELT_20180928_63
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) Selective Insurance Company of America		Occupation (for Individual) SVP, Claims General Couns	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 27 OF 77
	<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. Dufala, George, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Manor Hill Dr

City Mendham	State NJ	Zip Code 07945-3405
-----------------	-------------	------------------------

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
07		06		2018

Transaction ID : 20180918_00002115

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 3 Manor Hill Dr

City Mendham	State NJ	Zip Code 07945-3405
-----------------	-------------	------------------------

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
07		20		2018

Transaction ID : 20180918_00002096

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 3 Manor Hill Dr

City Mendham	State NJ	Zip Code 07945-3405
-----------------	-------------	------------------------

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
08		03		2018

Transaction ID : 20180918_00002063

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 28 OF 77
	<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. Dufala, George, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Manor Hill Dr

City Mendham	State NJ	Zip Code 07945-3405
-----------------	-------------	------------------------

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
08	/	17	/	2018

Transaction ID : 20180918_00002023

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 3 Manor Hill Dr

City Mendham	State NJ	Zip Code 07945-3405
-----------------	-------------	------------------------

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
08	/	31	/	2018

Transaction ID : DELT_20180831_97

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 3 Manor Hill Dr

City Mendham	State NJ	Zip Code 07945-3405
-----------------	-------------	------------------------

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
09	/	14	/	2018

Transaction ID : DELT_20180914_98

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 29 OF 77
<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 3 Manor Hill Dr

City Mendham	State NJ	Zip Code 07945-3405
-----------------	-------------	------------------------

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
09		28		2018

Transaction ID : DELT_20180928_99

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 31 Russett Rd

City Sandy Hook	State CT	Zip Code 06482-1432
--------------------	-------------	------------------------

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 ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 20180918_00002116

Amount of Each Receipt this Period
19.23

Memo Item

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

Mailing Address 31 Russett Rd

City Sandy Hook	State CT	Zip Code 06482-1432
--------------------	-------------	------------------------

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 ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 20180918_00002067

Amount of Each Receipt this Period
19.23

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 30 OF 77
	<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. Eppers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Russett Rd
 City Sandy Hook State CT Zip Code 06482-1432
 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 ▼ 384.60

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002062
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Eppers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Russett Rd
 City Sandy Hook State CT Zip Code 06482-1432
 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 ▼ 384.60

Date of Receipt **08 / 17 / 2018**
Transaction ID : 20180918_00002028
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Eppers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Russett Rd
 City Sandy Hook State CT Zip Code 06482-1432
 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 ▼ 384.60

Date of Receipt **08 / 31 / 2018**
Transaction ID : DELT_20180831_85
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.69
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 77
	<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. Eppers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Russett Rd
 City Sandy Hook State CT Zip Code 06482-1432
 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 ▼ 384.60

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_86
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Eppers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Russett Rd
 City Sandy Hook State CT Zip Code 06482-1432
 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 ▼ 384.60

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_87
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Gaudet, Gordon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Island Trl
 City Sparta State NJ Zip Code 07871-1602
 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 ▼ 1500.00

Date of Receipt 07 / 06 / 2018
Transaction ID : 20180918_00002128
 Amount of Each Receipt this Period 100.00
 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 32 OF 77
	<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 32 Island Trl

City Sparta	State NJ	Zip Code 07871-1602
----------------	-------------	------------------------

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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 20180918_00002083

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 32 Island Trl

City Sparta	State NJ	Zip Code 07871-1602
----------------	-------------	------------------------

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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

Transaction ID : 20180918_00002050

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 32 Island Trl

City Sparta	State NJ	Zip Code 07871-1602
----------------	-------------	------------------------

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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

Transaction ID : 20180918_00002024

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 77
	<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. Gaudet, Gordon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Island Trl
 City Sparta State NJ Zip Code 07871-1602
 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 ▼ 1500.00

Date of Receipt
 08 / 31 / 2018
Transaction ID : DELT_20180831_73
 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 32 Island Trl
 City Sparta State NJ Zip Code 07871-1602
 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 ▼ 1500.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : DELT_20180914_74
 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 32 Island Trl
 City Sparta State NJ Zip Code 07871-1602
 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 ▼ 1500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : DELT_20180928_75
 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 34 OF 77
<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 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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 20180918_00002125

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 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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 20180918_00002088

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 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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

Transaction ID : 20180918_00002035

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 77
	<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. 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 ▼ 2000.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 20180918_00002015
 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 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 ▼ 2000.00

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_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 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 ▼ 2000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_23
 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 36 OF 77
	<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 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 ▼ 2000.00

Date of Receipt **09 / 28 / 2018**
Transaction ID : DELT_20180928_24
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Turkey Hunt Ct
 City Waxhaw State NC Zip Code 28173-6827
 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 ▼ 361.52

Date of Receipt **07 / 06 / 2018**
Transaction ID : 20180918_00002104
 Amount of Each Receipt this Period 7.69
 Memo Item

C. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Turkey Hunt Ct
 City Waxhaw State NC Zip Code 28173-6827
 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 ▼ 361.52

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002098
 Amount of Each Receipt this Period 7.69
 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 37 OF 77
	<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. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Turkey Hunt Ct
 City Waxhaw State NC Zip Code 28173-6827
 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 ▼ 361.52

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002034
 Amount of Each Receipt this Period 7.69
 Memo Item

B. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Turkey Hunt Ct
 City Waxhaw State NC Zip Code 28173-6827
 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 ▼ 361.52

Date of Receipt **08 / 17 / 2018**
Transaction ID : 20180918_00002010
 Amount of Each Receipt this Period 7.69
 Memo Item

C. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Turkey Hunt Ct
 City Waxhaw State NC Zip Code 28173-6827
 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 ▼ 361.52

Date of Receipt **08 / 31 / 2018**
Transaction ID : DELT_20180831_76
 Amount of Each Receipt this Period 7.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	23.07
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 77
	<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. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Turkey Hunt Ct
 City Waxhaw State NC Zip Code 28173-6827
 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 ▼ 361.52

Date of Receipt
 09 / 14 / 2018
Transaction ID : DELT_20180914_77
 Amount of Each Receipt this Period 7.69
 Memo Item

B. Harris, Christie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Turkey Hunt Ct
 City Waxhaw State NC Zip Code 28173-6827
 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 ▼ 361.52

Date of Receipt
 09 / 28 / 2018
Transaction ID : DELT_20180928_78
 Amount of Each Receipt this Period 7.69
 Memo Item

C. Hollander, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Shadyside St
 City Morristown State NJ Zip Code 07960-3506
 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 ▼ 384.60

Date of Receipt
 07 / 06 / 2018
Transaction ID : 20180918_00002112
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.61
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 77
	<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. Hollander, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Shadyside St
 City Morristown State NJ Zip Code 07960-3506
 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 ▼ 384.60

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002095
 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 10 Shadyside St
 City Morristown State NJ Zip Code 07960-3506
 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 ▼ 384.60

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002037
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Hollander, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Shadyside St
 City Morristown State NJ Zip Code 07960-3506
 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 ▼ 384.60

Date of Receipt **08 / 17 / 2018**
Transaction ID : 20180918_00002026
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.69
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 77
	<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 10 Shadyside St
 City Morristown State NJ Zip Code 07960-3506
 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2018
Transaction ID : DELT_20180831_82
 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 10 Shadyside St
 City Morristown State NJ Zip Code 07960-3506
 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : DELT_20180914_83
 Amount of Each Receipt this Period
 19.23
 Memo Item

C. Hollander, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Shadyside St
 City Morristown State NJ Zip Code 07960-3506
 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2018
Transaction ID : DELT_20180928_84
 Amount of Each Receipt this Period
 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.69
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 77
<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. Kikkert, Bonnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Martingale Dr
 City Sussex State NJ Zip Code 07461-2859
 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 ▼ 400.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : 20180918_00002122
 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 18 Martingale Dr
 City Sussex State NJ Zip Code 07461-2859
 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 ▼ 400.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002094
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Kikkert, Bonnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Martingale Dr
 City Sussex State NJ Zip Code 07461-2859
 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 ▼ 400.00

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002064
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 42 OF 77
	<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. Kikkert, Bonnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Martingale Dr
 City Sussex State NJ Zip Code 07461-2859
 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 ▼ 400.00

Date of Receipt
 08 / 17 / 2018
Transaction ID : 20180918_00002008
 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 18 Martingale Dr
 City Sussex State NJ Zip Code 07461-2859
 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 ▼ 400.00

Date of Receipt
 08 / 31 / 2018
Transaction ID : DELT_20180831_1
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Kikkert, Bonnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Martingale Dr
 City Sussex State NJ Zip Code 07461-2859
 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 ▼ 400.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : DELT_20180914_2
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 43 OF 77
<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. Kikkert, Bonnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Martingale Dr
 City Sussex State NJ Zip Code 07461-2859
 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 ▼ 400.00

Date of Receipt **09 / 28 / 2018**
Transaction ID : DELT_20180928_3
 Amount of Each Receipt this Period 20.00
 Memo Item

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 ▼ 2000.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : 20180918_00002123
 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 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 ▼ 2000.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002077
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
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 77
<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 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 ▼ 2000.00

Date of Receipt
 08 / 03 / 2018
Transaction ID : 20180918_00002047
 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 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 ▼ 2000.00

Date of Receipt
 08 / 17 / 2018
Transaction ID : 20180918_00002004
 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 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 ▼ 2000.00

Date of Receipt
 08 / 31 / 2018
Transaction ID : DELT_20180831_43
 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 45 OF 77
<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 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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : DELT_20180914_44
 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 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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2018
Transaction ID : DELT_20180928_45
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Lucas, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12445 Cirrus Dr
 City Fishers State IN Zip Code 46037-7529
 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : 20180918_00002108
 Amount of Each Receipt this Period
 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	219.23
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 46 OF 77
<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. Lucas, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12445 Cirrus Dr
 City Fishers State IN Zip Code 46037-7529
 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 ▼ 384.60

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002076
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Lucas, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12445 Cirrus Dr
 City Fishers State IN Zip Code 46037-7529
 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 ▼ 384.60

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002049
 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 12445 Cirrus Dr
 City Fishers State IN Zip Code 46037-7529
 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 ▼ 384.60

Date of Receipt **08 / 17 / 2018**
Transaction ID : 20180918_00002003
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.69
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 77
	<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. Lucas, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12445 Cirrus Dr
 City Fishers State IN Zip Code 46037-7529
 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 ▼ 384.60

Date of Receipt
 08 / 31 / 2018
Transaction ID : DELT_20180831_91
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Lucas, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12445 Cirrus Dr
 City Fishers State IN Zip Code 46037-7529
 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 ▼ 384.60

Date of Receipt
 09 / 14 / 2018
Transaction ID : DELT_20180914_92
 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 12445 Cirrus Dr
 City Fishers State IN Zip Code 46037-7529
 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 ▼ 384.60

Date of Receipt
 09 / 28 / 2018
Transaction ID : DELT_20180928_93
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 77
	<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. 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, Asst. General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : 20180918_00002131
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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, Asst. General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002075
 Amount of Each Receipt this Period 50.00
 Memo Item

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, Asst. General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002045
 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 49 OF 77
	<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. 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, Asst. General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 20180918_00002027
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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, Asst. General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_94
 Amount of Each Receipt this Period 50.00
 Memo Item

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, Asst. General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_95
 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 50 OF 77
	<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. 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, Asst. General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_96
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Macmullin, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99 High St
 City Ogdensburg State NJ Zip Code 07439-1247
 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 ▼ 240.00

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_38
 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 99 High St
 City Ogdensburg State NJ Zip Code 07439-1247
 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 ▼ 240.00

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_39
 Amount of Each Receipt this Period 20.00
 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 51 OF 77
	<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. Mazzarella, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Ski Hill Dr
 City Bedminster State NJ Zip Code 07921-2530
 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 ▼ 600.00

Date of Receipt 07 / 06 / 2018
Transaction ID : 20180918_00002103
 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 11 Ski Hill Dr
 City Bedminster State NJ Zip Code 07921-2530
 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 ▼ 600.00

Date of Receipt 07 / 20 / 2018
Transaction ID : 20180918_00002081
 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 11 Ski Hill Dr
 City Bedminster State NJ Zip Code 07921-2530
 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 ▼ 600.00

Date of Receipt 08 / 03 / 2018
Transaction ID : 20180918_00002060
 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 52 OF 77
	<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. Mazzarella, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Ski Hill Dr
 City Bedminster State NJ Zip Code 07921-2530
 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 ▼ 600.00

Date of Receipt **08 / 17 / 2018**
Transaction ID : 20180918_0000209
 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 11 Ski Hill Dr
 City Bedminster State NJ Zip Code 07921-2530
 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 ▼ 600.00

Date of Receipt **08 / 31 / 2018**
Transaction ID : DELT_20180831_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 11 Ski Hill Dr
 City Bedminster State NJ Zip Code 07921-2530
 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 ▼ 600.00

Date of Receipt **09 / 14 / 2018**
Transaction ID : DELT_20180914_32
 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 53 OF 77
	<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. Mazzarella, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Ski Hill Dr

City Bedminster	State NJ	Zip Code 07921-2530
--------------------	-------------	------------------------

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : DELT_20180928_33

Amount of Each Receipt this Period
30.00

Memo Item

B. 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 ▼
1538.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 20180918_00002101

Amount of Each Receipt this Period
76.93

Memo Item

C. 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 ▼
1538.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 20180918_00002070

Amount of Each Receipt this Period
76.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....	183.86
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 77
	<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 ▼ 1538.60

Date of Receipt 08 / 03 / 2018
Transaction ID : 20180918_00002055
 Amount of Each Receipt this Period 76.93
 Memo Item

B. 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 ▼ 1538.60

Date of Receipt 08 / 17 / 2018
Transaction ID : 20180918_00002020
 Amount of Each Receipt this Period 76.93
 Memo Item

C. 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 ▼ 1538.60

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_10
 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 55 OF 77
<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. 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 ▼ 1538.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : DELT_20180914_11
 Amount of Each Receipt this Period
 76.93
 Memo Item

B. 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 ▼ 1538.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2018
Transaction ID : DELT_20180928_12
 Amount of Each Receipt this Period
 76.93
 Memo Item

C. Mckenna, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Skyview Dr
 City Sparta State NJ Zip Code 07871-1782
 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 ▼ 725.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : 20180918_00002111
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	193.86
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 77
	<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. Mckenna, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Skyview Dr
 City Sparta State NJ Zip Code 07871-1782
 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 ▼ 725.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002093
 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 5 Skyview Dr
 City Sparta State NJ Zip Code 07871-1782
 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 ▼ 725.00

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002054
 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 5 Skyview Dr
 City Sparta State NJ Zip Code 07871-1782
 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 ▼ 725.00

Date of Receipt **08 / 17 / 2018**
Transaction ID : 20180918_00002017
 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 57 OF 77
	<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. Mckenna, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Skyview Dr
 City Sparta State NJ Zip Code 07871-1782
 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 ▼ 725.00

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_40
 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 5 Skyview Dr
 City Sparta State NJ Zip Code 07871-1782
 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 ▼ 725.00

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_41
 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 5 Skyview Dr
 City Sparta State NJ Zip Code 07871-1782
 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 ▼ 725.00

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_42
 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 58 OF 77
<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. 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 ▼ 769.20

Date of Receipt 07 / 06 / 2018
Transaction ID : 20180918_00002110
 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 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 ▼ 769.20

Date of Receipt 07 / 20 / 2018
Transaction ID : 20180918_00002091
 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 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 ▼ 769.20

Date of Receipt 08 / 03 / 2018
Transaction ID : 20180918_00002059
 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 59 OF 77
<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 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 ▼ 769.20

Date of Receipt 08 / 17 / 2018
Transaction ID : 20180918_00002014
 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 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 ▼ 769.20

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_70
 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 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 ▼ 769.20

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_71
 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 60 OF 77
<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 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 ▼ 769.20

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_72
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Oosten, Melinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Rachel Ln
 City Green Twp State NJ Zip Code 07821-2059
 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 ▼ 500.00

Date of Receipt 07 / 06 / 2018
Transaction ID : 20180918_00002120
 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 9 Rachel Ln
 City Green Twp State NJ Zip Code 07821-2059
 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 ▼ 500.00

Date of Receipt 07 / 20 / 2018
Transaction ID : 20180918_00002078
 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 61 OF 77
	<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. Oosten, Melinda, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Rachel Ln

City Green Twp State NJ Zip Code 07821-2059

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 ▼ 500.00

Date of Receipt 08 / 03 / 2018
Transaction ID : 20180918_00002051

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 9 Rachel Ln

City Green Twp State NJ Zip Code 07821-2059

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 ▼ 500.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 20180918_00002016

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 9 Rachel Ln

City Green Twp State NJ Zip Code 07821-2059

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 ▼ 500.00

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_64

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 62 OF 77
<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. Oosten, Melinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Rachel Ln
 City Green Twp State NJ Zip Code 07821-2059
 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 ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_65
 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 9 Rachel Ln
 City Green Twp State NJ Zip Code 07821-2059
 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 ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_66
 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 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 ▼ 1538.60

Date of Receipt 07 / 06 / 2018
Transaction ID : 20180918_00002114
 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 63 OF 77
	<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 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 ▼ 1538.60

Date of Receipt **07 / 20 / 2018**
Transaction ID : 20180918_00002082
 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 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 ▼ 1538.60

Date of Receipt **08 / 03 / 2018**
Transaction ID : 20180918_00002048
 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 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 ▼ 1538.60

Date of Receipt **08 / 17 / 2018**
Transaction ID : 20180918_00002019
 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 64 OF 77
<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 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 ▼ 1538.60

Date of Receipt **08 / 31 / 2018**
Transaction ID : DELT_20180831_79
 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 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 ▼ 1538.60

Date of Receipt **09 / 14 / 2018**
Transaction ID : DELT_20180914_80
 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 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 ▼ 1538.60

Date of Receipt **09 / 28 / 2018**
Transaction ID : DELT_20180928_81
 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 65 OF 77
	<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 2 Evergreen Pl
 City Sparta State NJ Zip Code 07871-3137
 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 ▼ 230.76

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_89
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Patrickio, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Evergreen Pl
 City Sparta State NJ Zip Code 07871-3137
 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 ▼ 230.76

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_90
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Purnell, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Country Ln
 City Sparta State NJ Zip Code 07871-2911
 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 ▼ 500.00

Date of Receipt 07 / 06 / 2018
Transaction ID : 20180918_00002107
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 63.46
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 66 OF 77
	<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. Purnell, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Country Ln

City Sparta	State NJ	Zip Code 07871-2911
----------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 20180918_00002092

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 4 Country Ln

City Sparta	State NJ	Zip Code 07871-2911
----------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

Transaction ID : 20180918_00002036

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 4 Country Ln

City Sparta	State NJ	Zip Code 07871-2911
----------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

Transaction ID : 20180918_00002012

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 67 OF 77
	<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. Purnell, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Country Ln
 City Sparta State NJ Zip Code 07871-2911
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2018
Transaction ID : DELT_20180831_28
 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 4 Country Ln
 City Sparta State NJ Zip Code 07871-2911
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : DELT_20180914_29
 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 4 Country Ln
 City Sparta State NJ Zip Code 07871-2911
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2018
Transaction ID : DELT_20180928_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 68 OF 77
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sarisky, Brian, , ,		Date of Receipt
Mailing Address 22 Natale Dr		<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2018"/>
City Sparta	State NJ	Zip Code 07871-3034
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20180918_00002109
Name of Employer (for Individual) Selective Insurance Company of America		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Chief UW Officer, CL		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sarisky, Brian, , ,		Date of Receipt
Mailing Address 22 Natale Dr		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2018"/>
City Sparta	State NJ	Zip Code 07871-3034
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20180918_00002069
Name of Employer (for Individual) Selective Insurance Company of America		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Chief UW Officer, CL		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sarisky, Brian, , ,		Date of Receipt
Mailing Address 22 Natale Dr		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2018"/>
City Sparta	State NJ	Zip Code 07871-3034
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20180918_00002057
Name of Employer (for Individual) Selective Insurance Company of America		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Chief UW Officer, CL		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 69 OF 77
	<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. Sarisky, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Natale Dr
 City Sparta State NJ Zip Code 07871-3034
 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 ▼ 500.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 20180918_00002009
 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 22 Natale Dr
 City Sparta State NJ Zip Code 07871-3034
 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 ▼ 500.00

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_7
 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 22 Natale Dr
 City Sparta State NJ Zip Code 07871-3034
 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 ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : DELT_20180914_8
 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 70 OF 77
	<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 22 Natale Dr
 City Sparta State NJ Zip Code 07871-3034
 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 ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : DELT_20180928_9
 Amount of Each Receipt this Period 25.00
 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 07890-0001
 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 ▼ 1200.00

Date of Receipt 07 / 09 / 2018
Transaction ID : 20180918_00002100
 Amount of Each Receipt this Period 1200.00
 Memo Item

C. Willenborg, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Westgate Dr
 City Sparta State NJ Zip Code 07871-1352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Field Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 08 / 31 / 2018
Transaction ID : DELT_20180831_13
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1236.54
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 71 OF 77
	<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. Willenborg, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Westgate Dr
 City Sparta State NJ Zip Code 07871-1352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Field Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : DELT_20180914_14
 Amount of Each Receipt this Period
 11.54
 Memo Item

B. Willenborg, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Westgate Dr
 City Sparta State NJ Zip Code 07871-1352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Field Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2018
Transaction ID : DELT_20180928_15
 Amount of Each Receipt this Period
 11.54
 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).....	23.08
TOTAL This Period (last page this line number only).....	9136.98

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 checked="" 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 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. Selective Insurance Company of America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

Mailing Address 40 Wantage Ave

City
Branchville

State
NJ

Zip Code
07890-0001

FEC Identification Number

C []

Transaction ID : V9B0E4374D
Amount of Each Disbursement this Period

[] - 977.00

Purpose of Disbursement
Voided check originally reported on 6/11/18

[001]
Category/
Type

Candidate Name

Memo Item

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Purpose of Disbursement

[]
Category/
Type

Candidate Name

Memo Item

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Purpose of Disbursement

[]
Category/
Type

Candidate Name

Memo Item

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

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

[] - 977.00

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

[] - 977.00

**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 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 Insurance Association Political Action Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	8

Mailing Address 555 12Th Street, NW
Suite 550

City Washington State DC Zip Code 20004

Purpose of Disbursement
2018 Contribution

011
Category/ Type

FEC Identification Number

C	C00103143
---	-----------

Transaction ID : 0EC2A6B8E6
Amount of Each Disbursement this Period

5000.00

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

Full Name (Last, First, Middle Initial)

B. Crapo Victory Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	8

Mailing Address 228 S. Washington St.
Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2018 Contribution

011
Category/ Type

FEC Identification Number

C	C00649574
---	-----------

Transaction ID : 00B2449A172
Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

Full Name (Last, First, Middle Initial)

C. Joe Morelle For Congress

Date of Disbursement

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

Mailing Address P.O. Box 90914

City Rochester State NY Zip Code 14609

Purpose of Disbursement
2018 General

011
Category/ Type

FEC Identification Number

C	C00675108
---	-----------

Transaction ID : 8CB95E58D1
Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought: House Senate President
State: NY District: 25

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

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

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

7000.00

**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 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. Josh Gottheimer For Congress

Mailing Address PO Box 584

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement
2018 General

010
 011
 012
011
Category/
Type

Candidate Name
Gottheimer, Joshua, S., ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: NJ District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2018

FEC Identification Number

C C00573949

Transaction ID : OCC9BEF296

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement
2018 General

010
 011
 012
011
Category/
Type

Candidate Name
McCarthy, Kevin, Owen, ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: CA District: 23

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2018

FEC Identification Number

C C00420935

Transaction ID : 51C20002F70

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mary For Ct

Mailing Address P.O. Box 8

City Simsbury State CT Zip Code 06070

Purpose of Disbursement
2018 General

010
 011
 012
011
Category/
Type

Candidate Name
Glassman, Mary, Messina, ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: CT District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2018

FEC Identification Number

C C00675678

Transaction ID : D6B1DFB50/

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

7500.00

**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 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. Menendez For Senate

Mailing Address PO Box 32248

City
Newark

State
NJ

Zip Code
07102-0648

Purpose of Disbursement
2018 General

Category/
Type

Candidate Name

Menendez, Robert, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 6AB6C9D746

Amount of Each Disbursement this Period

Memo Item

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

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

**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. Citizens for Brian Feldman

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2018

Mailing Address 1200 Light Street
Unit B

City Baltimore State MD Zip Code 20827

Purpose of Disbursement
Voided check originally reported on 1/4/17

011
Category/ Type

FEC Identification Number

C
Transaction ID : 8888408E5A7
Amount of Each Disbursement this Period
- 250.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Brian Bosma

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2018

Mailing Address P. O. Box 122

City Indianapolis State IN Zip Code 46236

Purpose of Disbursement
Voided check originally reported on 6/6/17

011
Category/ Type

FEC Identification Number

C
Transaction ID : EFE2F587B0f
Amount of Each Disbursement this Period
- 1000.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of John Astle

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2018

Mailing Address 1200 Light Street
Unit B

City Baltimore State MD Zip Code 21230

Purpose of Disbursement
Voided check originally reported on 1/4/17

011
Category/ Type

FEC Identification Number

C
Transaction ID : BDA6BE866
Amount of Each Disbursement this Period
- 200.00

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)..... ▶

- 1450.00

**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. McDougle for Senate

Mailing Address 1331 East Cary St.

City Richmond State VA Zip Code 23111

Purpose of Disbursement
Voided check originally reported on 6/6/17

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : C9EF45405E
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Senate Republican Campaign Committee

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Nonfederal Contribution

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A1D6CBCDEI
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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