

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 Branchville NJ 07890 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00550889 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 01 2016 through 03 31 2016

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

Type or Print Name of Treasurer Jeffrey Beck

Signature of Treasurer Jeffrey Beck [Electronically Filed] Date 04 12 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>	<input type="text" value="25971.49"/>	<input type="text" value="25971.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25971.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11595.52"/>	<input type="text" value="11595.52"/>
(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="37567.01"/>	<input type="text" value="37567.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8000.00"/>	<input type="text" value="8000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29567.01"/>	<input type="text" value="29567.01"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

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).....	8453.06	8453.06
(ii) Unitemized	3142.46	3142.46
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	11595.52	11595.52
(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)	11595.52	11595.52
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))..... ▶	11595.52	11595.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11595.52	11595.52

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	6000.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8000.00	8000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	8000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11595.52	11595.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11595.52	11595.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<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. Charles C. Adams
 Full Name (Last, First, Middle Initial)
 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 Selective Insurance Company of America Occupation SVP, Regional Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 05 / 2016**
Transaction ID : A4664A23A4E8544D6A73
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Charles C. Adams
 Full Name (Last, First, Middle Initial)
 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 Selective Insurance Company of America Occupation SVP, Regional Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : A78F688C3E9EF4FB49F9
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Charles C. Adams
 Full Name (Last, First, Middle Initial)
 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 Selective Insurance Company of America Occupation SVP, Regional Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : AA880373DFD89405B939
 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 7 OF 17
	<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. Charles C. Adams
 Full Name (Last, First, Middle Initial)
 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 Selective Insurance Company of America Occupation SVP, Regional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 18 / 2016
Transaction ID : AD3BF8B42E5484598951
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Allen Anderson
 Full Name (Last, First, Middle Initial)
 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 Selective Insurance Company of America Occupation SVP, Chief U/W Officer, P
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 18 / 2016
Transaction ID : AC6CB46A4794541B78C5
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Jeffrey Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Whitefield Dr
 City Lafayette Hill State PA Zip Code 19444-1648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Govt & Regulatory Af
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 02 / 05 / 2016
Transaction ID : AE99390D5F13D44CAA9
 Amount of Each Receipt this Period 76.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.38
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 8 OF 17
	<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. Jeffrey Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Whitefield Dr
 City Lafayette Hill State PA Zip Code 19444-1648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Govt & Regulatory Af
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 307.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : A6E37AAAB41CE4144B46
 Amount of Each Receipt this Period
 76.92
 Memo Item

B. Jeffrey Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Whitefield Dr
 City Lafayette Hill State PA Zip Code 19444-1648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Govt & Regulatory Af
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 384.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : AC5CC9536DD1445328C7
 Amount of Each Receipt this Period
 76.92
 Memo Item

C. Jeffrey Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Whitefield Dr
 City Lafayette Hill State PA Zip Code 19444-1648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Govt & Regulatory Af
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 461.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : AC568494F1FE4443CB4E
 Amount of Each Receipt this Period
 76.92
 Memo Item

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 9 OF 17
	<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. Kimberly Burnett
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Pierce St
 City Sparta State NJ Zip Code 07871-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation EVP, Chief HR Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 03 / 18 / 2016
Transaction ID : AC0185F656C3449679ED
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Thomas Clark
 Full Name (Last, First, Middle Initial)
 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 Selective Insurance Company of America Occupation SVP, Claims General Couns
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 03 / 18 / 2016
Transaction ID : A54CFC59A7D274BFBA97
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Stephen Crosta
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Lee Rd
 City Livingston State NJ Zip Code 07039-4134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation VP, Assistant General Cou
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 230.76

Date of Receipt 03 / 18 / 2016
Transaction ID : AC7ABF0CE687647238D4
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **118.46**
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 10 OF 17
<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 (Last, First, Middle Initial) A. Brenda Hall		Date of Receipt MM / DD / YYYY 02 / 05 / 2016 Transaction ID : A255A18CDAD124588AB9
Mailing Address 3407 Delamere Dr		Amount of Each Receipt this Period 100.00
City Matthews	State NC	Zip Code 28104-6866
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Selective Insurance Company of America	Occupation SVP,Chief Strat Ops Office	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Brenda Hall		Date of Receipt MM / DD / YYYY 02 / 19 / 2016 Transaction ID : A0D8078CACF554577B44
Mailing Address 3407 Delamere Dr		Amount of Each Receipt this Period 100.00
City Matthews	State NC	Zip Code 28104-6866
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Selective Insurance Company of America	Occupation SVP,Chief Strat Ops Office	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Brenda Hall		Date of Receipt MM / DD / YYYY 03 / 04 / 2016 Transaction ID : AE0354301EAE84459B6C
Mailing Address 3407 Delamere Dr		Amount of Each Receipt this Period 100.00
City Matthews	State NC	Zip Code 28104-6866
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Selective Insurance Company of America	Occupation SVP,Chief Strat Ops Office	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 11 OF 17
	<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. Brenda Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 3407 Delamere Dr
 City State Zip Code
 Matthews NC 28104-6866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Selective Insurance Company of America SVP, Chief Strat Ops Offic
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 03 / 18 / 2016
Transaction ID : A8C27C6DD28EE44FF911
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Michael Lanza
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 Sparta Ave
 Apt 301
 City State Zip Code
 Sparta NJ 07871-6704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Selective Insurance Company of America EVP, General Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 02 / 05 / 2016
Transaction ID : A9514D7AD726649C4B4A
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Michael Lanza
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 Sparta Ave
 Apt 301
 City State Zip Code
 Sparta NJ 07871-6704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Selective Insurance Company of America EVP, General Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 02 / 19 / 2016
Transaction ID : ACC95DA5EB5574780B47
 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 12 OF 17
	<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. Michael Lanza
Full Name (Last, First, Middle Initial)

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 Selective Insurance Company of America Occupation EVP, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 04 / 2016
Transaction ID : A7C15B7BA8DC34CA58B1

Amount of Each Receipt this Period
100.00

Memo Item

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

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 Selective Insurance Company of America Occupation EVP, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
03 / 18 / 2016
Transaction ID : A15229779B57D41BFA8C

Amount of Each Receipt this Period
100.00

Memo Item

C. Gregory E. Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 119 Curtis Point Dr

City Mantoloking State NJ Zip Code 08738-1202

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

Name of Employer Selective Insurance Company of America Occupation Chairman and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 16 / 2016
Transaction ID : A6DE7E16746F847908D6

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5200.00

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

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

A. Charles A. Musilli III
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Linquenda Dr
 City Sussex State NJ Zip Code 07461-2739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Selective Insurance Company of America Occupation SVP, Distribution Strategy
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 03 / 16 / 2016
Transaction ID : AD01E0B315A90425EACB
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. George Neale
 Full Name (Last, First, Middle Initial)
 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 Selective Insurance Company of America Occupation EVP, Chief Claims Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 03 / 18 / 2016
Transaction ID : A8A3A8B69EB43403FA92
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Maria Orecchio
 Full Name (Last, First, Middle Initial)
 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 Selective Insurance Company of America Occupation VP, Assistant General Cou
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 04 / 2016
Transaction ID : AE1024ACAC8E840149AB
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1088.46
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 14 OF 17
	<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. Maria Orecchio
 Full Name (Last, First, Middle Initial)
 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 Selective Insurance Company of America Occupation VP, Assistant General Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2016
Transaction ID : A27D69930698E47CDA37
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Brian C. Sarisky
 Full Name (Last, First, Middle Initial)
 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 Selective Insurance Company of America Occupation SVP, C/L Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 05 / 2016
Transaction ID : A253588207AD540509AA
 Amount of Each Receipt this Period 100.00
 Memo Item

c. Brian C. Sarisky
 Full Name (Last, First, Middle Initial)
 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 Selective Insurance Company of America Occupation SVP, C/L Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 19 / 2016
Transaction ID : A2B4ED6925C134295B84
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 17
	<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. Brian C. Sarisky
Full Name (Last, First, Middle Initial)

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 Selective Insurance Company of America Occupation SVP, C/L Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2016
Transaction ID : A437192B6F3104651A51

Amount of Each Receipt this Period 100.00

Memo Item

B. Brian C. Sarisky
Full Name (Last, First, Middle Initial)

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 Selective Insurance Company of America Occupation SVP, C/L Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 18 / 2016
Transaction ID : AB2A60DB59AD04C3C82F

Amount of Each Receipt this Period 100.00

Memo Item

C. Michael Zondory
Full Name (Last, First, Middle Initial)

Mailing Address 824 Markland Rd

City Advance State NC Zip Code 27006-7026

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

Name of Employer Selective Insurance Company of America Occupation VP, Property Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 08 / 2016
Transaction ID : A6220BB3D4D004E4D92E

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	8453.06

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Selective Insurance Company of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLAINE FOR CONGRESS 2008

Mailing Address PO BOX 1526

City Columbia State MO Zip Code 65205-1526

Purpose of Disbursement
2016 Contribution

Candidate Name

Rep. Blaine Luetkemeyer

Office Sought: House
 Senate
 President
State: MO District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 08 / 2016

Transaction ID : BEFE4C30553664A69A6C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCHENRY FOR CONGRESS

Mailing Address PO BOX 2165

City Gastonia State NC Zip Code 28053-2165

Purpose of Disbursement
2016 Contribution

Candidate Name

Rep. Patrick T. McHenry

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 08 / 2016

Transaction ID : B307F3ECF79B0469881E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

2000.00

2000.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Selective Insurance Company of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Insurance Association PAC

Mailing Address 2101 L Street N.W.
Suite 400

City Washington State DC Zip Code 20037-1542

Purpose of Disbursement
Member contribution to PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Other2016

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : BEABF432C76B7419D9E4

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Joe Scarnati

Mailing Address P. O. Box 177

City Brockway State PA Zip Code 15824-0177

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : B4903C2C23DF14F2D8F9

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

6000.00

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

6000.00