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04/15/2024 21 : 01

PAGE 1 / 15

FEC	AND DIS	OF REC BURSEN		S		Office Use Only	Γ
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT	Enter	nple: If typir the lines.	ng, type	12FE4M	5	
	Ompany of Ar						
ADDRESS (number and street) <ul> <li>Check if different than previously reported. (ACC)</li> </ul>					NJ	07890	
2. FEC IDENTIFICATION NU	JMBER <b>V</b>	CITY A		S	TATE 🔺	ZIP CO	DE 🔺
C C00550889		3. IS THIS REPORT		IEW N) <b>OR</b>	AM (A)	ENDED	
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (C</li> <li>July 15 Quarterly Report (C</li> <li>October 15 Quarterly Report (C</li> <li>January 31 Year-End Report (Y</li> <li>July 31 Mid-Year Report (Non-electio Year Only) (MY)</li> <li>Termination Report (TER)</li> </ul>	(C) 12-Da PRE-I Report (C) 12-Da PRE-I Report (C) 12-Da PRE-I Report (C) 12-Da PRE-I Report (C) 12-Da PRE-I Report (C) 12-Da PRE-I Report (C) 12-Da PRE-I Report (C) 12-Da PRE-I Report (C) 12-Da (C) 12-Da (C	Election t for the:		) 12C) 12C) () () () () () () () () () (	Sep 2	0R) In the State of International Internationa International International Internation	Special (30S)
5. Covering Period 03	is Report and to the Beck Jeffrey	•	through /ledge and t	03	e, correct and	2024 complete.	
Signature of Treasurer	, Jeffrey, , ,			Da	ate 04	/ D D / 12	2024
NOTE: Submission of false, erron	eous, or incomplete	e information may sul	pject the pers	son signing thi	s Report to th	e penalties of 52	U.S.C. § 30109
Office Use Only						FEC FOR Rev. 05/2	

FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
Selective Insurance Company of	America Political Action Committe	e
Report Covering the Period: From:	03 / D1 / Y Y Y Y 2024	To: 03 / 03 / 03 / 03 / 031 / 0024
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		44534.96
(b) Cash on Hand at Beginning of Reporting Period	33023.72	
(c) Total Receipts (from Line 19)	3137.19	9125.95
<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	36160.91	53660.91
7. Total Disbursements (from Line 31)	0.00	17500.00
<ol> <li>Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))</li> </ol>	36160.91	36160.91
<ol> <li>Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)</li> </ol>	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This committee has qualified as a multic	candidate committee. (see FEC FORM 1M)	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

### DETAILED SUMMARY PAGE

of Receipts

Page 3

9125.95

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee MM D D 01 2024 03 03 31 2024 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2266.11 4161.21 (i) Itemized (use Schedule A)..... 871.08 4964.74 (ii) Unitemized ..... (iii) TOTAL (add 9125.95 3137.19 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 9125.95 3137.19 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ..... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 9125.95 12, 13, 14, 15, 16, 17, and 18(c))..... 3137.19

3137.19

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......►

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A	COLUMN B
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total This Period	Calendar Year-to-Date
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
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li></ul>	0.00	0.00
Transfers to Affiliated/Other Party	0.00	0.00
Committees Contributions to Federal Candidates/Committees		
and Other Political Committees Independent Expenditures	0.00	1000.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(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
Other Disbursements (Including Non-Federal Donations)	0.00	16500.00
Federal Election Activity (52 U.S.C. § 3010	1(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
-		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	17500.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	
	0.00	17500.00

### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3137.19	9125.95
0.00	0.00
3137.19	9125.95
0.00	0.00
0.00	0.00
0.00	0.00
	0.00 3137.19 0.00 0.00

## SCHEDULE A (FEC Form 3X)

# Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

15

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	13         14         15         16         17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Selective Insurance Company	of Americ	a Political Action Com	mittee
A.	Full Name of Individual (Last, First, Middle In Senia, Vincent, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 8 Millstone Ct			03 08 2024
	City	State	Zip Code	Transaction ID : A7B2BD5CEA40C4A8EA
	Morristown	NJ	07960-2678	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Selective Insurance Company of America	EVF	P, Chief Actuary	_
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General		250.00	1
	Other (specify) <b>v</b>			1
	Full Name of Individual (Last, First, Middle Ir	hitial) or Full O	rganization Name	
Β.				Date of Receipt
	Mailing Address 929 Neipsic Rd			03 / D D / Y Y Y Y 03 08 2024
	City Glastonbury	State CT	Zip Code 06033-2503	Transaction ID : AE5508F94EF364323893
	FEC ID number of contributing	C		Amount of Each Receipt this Period
	federal political committee.	U		
	Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Entrpr Del Svcs	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary     General       Other (specify) ▼		250.00	]
с.	Full Name of Individual (Last, First, Middle Ir Hall, Brenda, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 3407 Delamere Dr			M M / D D / Y Y Y Y 03 08 2024
	City	State NC	Zip Code	Transaction ID : A8EAA7A0B330A432280
	Matthews	INC .	28104-6866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) 9, COO Standard Lines	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1
	UBTOTAL of Receipts This Page (optional)			200.00
j I	OTAL This Period (last page this line number	r oniy)	······ )	

#### Use separate schedule(s) for each category of the Detailed Summary Page

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	Detailed Summary Page					-		11	-	11c		12								
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements mage and a	l ay r addr	not be sold or used by any pess of any political committee	erson f e to sol	13 or the icit co	l purj ntrib	14 pos outic	se of s	15 oliciting om such	J COI I COI	16 ntributi mmitte	17 ions ee.							
$\overline{)}$	NAME OF COMMITTEE (In Full)																			
$\rangle$	Selective Insurance Company	of Americ	a I	Political Action Com	mittee	Э														
Α.	Full Name of Individual (Last, First, Middle In Heismeyer, Cynthia, , ,	itial) or Full C	Drga	nization Name		Date of Receipt														
	Mailing Address 36 Bailey Park Dr								03 08 2024											
	City	State		Zip Code	Transaction ID : A9A548139636642E9B81															
	Augusta	NJ		07822-2148	/	moun	t of	Ea	ich Re	ceipt th	is P	eriod								
	FEC ID number of contributing federal political committee.	С										46.1	5							
	Name of Employer (for Individual) Selective Insurance Company of America		•	tion (for Individual) ategy&Partnerships		М	emo	o Ite	em											
	Receipt For:			ar-to-Date <b>V</b>																
	Primary General Other (specify) ▼		-	230.75	]															
В.	Full Name of Individual (Last, First, Middle In Beck, Jeffrey, , ,	itial) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt											
	Mailing Address 35 W Hampton Rd			м м 03	/	ľ	08	/ Y	Y 20	)24	Y									
	City	State		Zip Code		Trans	acti	ion	ID : A	174FA	4F5F	<u>=C684</u>	CECA5E							
	Philadelphia	PA		19118-3610	A	moun	t of	Ea	ich Re	ceipt th	is P	eriod								
	FEC ID number of contributing federal political committee.	С		_		-,-		-9-	_	76.9	2									
	Name of Employer (for Individual) Selective Insurance Company of America	Occ SVI	Memo Item																	
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻																
	Other (specify)		,	384.60	]															
<u>с.</u>	Full Name of Individual (Last, First, Middle In Orecchio, Maria, , ,	itial) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt											
-	Mailing Address 54 McKesson Hill Rd					<sup>M</sup> 03	1	Γ	08	/ Y		)24	Y							
	City	State		Zip Code		Trans	act	ion	n ID : A	486903	3240	03B4	A6F8B2							
	Chappaqua	NY		10514-1631	A	moun	t of	Ea	ich Re	ceipt th	is P	eriod								
	FEC ID number of contributing federal political committee.	С				_		,		y	_	76.9	3							
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		Μ	emc	o Ite	em											
	Selective Insurance Company of America	SVF	<sup>,</sup> D	eputy General Couns																
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻																
	Other (specify)	]																		
s	UBTOTAL of Receipts This Page (optional)			•••••	<u> </u>			ŋ		9	_	200.0	0							
т	OTAL This Period (last page this line number	only)		•••••••				-,		-										

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		Detailed Summary Page		11a		11		11c	12	<u> </u>		
	information copied from such Reports and Sta or commercial purposes, other than using the							se of s				
	NAME OF COMMITTEE (In Full)					-						
$\langle \rangle$	Selective Insurance Company of	f Americ	a Political Action Com	mittee	9							
A	Full Name of Individual (Last, First, Middle Initia Mull, Rohit, , ,	al) or Full C	Organization Name		Date of	Re	ecei	ipt				
Ν	Mailing Address 5 Pine Valley Way				м м 03	1	Ľ	D D 08	/ Y	ү ү 2024	Y	
	Dity Florham Park	Zip Code 07932-2700	A						FD833FC	49F08B		
	FEC ID number of contributing ederal political committee.	С					-		- 45-	200.0	00	
	Name of Employer (for Individual) Selective Insurance Company of America	upation (for Individual) P, Chief Mktg & Inn Off		Me	emo	o Ite	em					
F	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 1000.00	]									
	Full Name of Individual (Last, First, Middle Initia Sarisky, Brian, , ,	Organization Name		Date of	Re	ecei	ipt					
Ν	Mailing Address 22 Natale Dr		м м 03	/	Γ	08	/ Y	2024	Y			
	City Sparta	State NJ	Zip Code 07871-3034							34B42A94 his Period	C57A4C	
	EC ID number of contributing ederal political committee.	ů – Elektrik								77.0	00	
	Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) ef UW Officer, CL		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 385.00	]								
С	Full Name of Individual (Last, First, Middle Initia Adams, Charles, , ,	al) or Full C	Organization Name		Date of	Re	ecei	ipt				
_	Mailing Address 203 Windsor Dr				03 <sup>M</sup>	/	L	08 08	/ Y	2024 Y		
	City Northampton	State PA	Zip Code 18067-1780	A						DB315F93 his Period	49DE8C	
	EC ID number of contributing ederal political committee.	С			_		y		,	75.0	0	
	Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Regional Manager	Memo Item								
F	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 375.00	]									
su	BTOTAL of Receipts This Page (optional)						9		.,	352.0	0	
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		for each category of the Detailed Summary Page		11a		11b	11c	12			
Any information copied from such Reports and or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)											
Selective Insurance Company	/ of Americ	a Political Action Com	nittee	Э							
Full Name of Individual (Last, First, Middle A. McKenna, Robert, , ,	Initial) or Full C	rganization Name	[	Date of	Re	ceipt					
Mailing Address 5 Skyview Dr				м м 03	/	08	/ Y	y y 2024	Y		
City	State NJ	Zip Code						114CC95	4B33B49		
Sparta FEC ID number of contributing		07871-1782	Amount of Each Receipt this Period								
federal political committee.	C			_				55.	96		
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P. IT Ent Strat & Exec		Me	emo	Item					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		272.88	]								
Full Name of Individual (Last, First, Middle <b>B.</b> Bresney, John, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt					
Mailing Address 8 Northridge Ct			м м 03	/	08	/ Y	y y 2024	Y			
City	State	Zip Code		Transaction ID : AA9D8C988AD3A4EFA9F							
Hackettstown	NJ	07840-5684	A					nis Period			
FEC ID number of contributing federal political committee.	C		3						65		
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Chief Information Of		Memo Item							
Receipt For:	Aggregate	Year-to-Date V									
Other (specify) ▼		410.57									
Full Name of Individual (Last, First, Middle Cunniff, Christopher, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt					
Mailing Address 159 Paddlers Pt				M M	/		/ Y	Y Y	Y		
Apt 203	State	Zip Code	- 1	03		08		2024	400680		
Matamoras	PA	18336-2015	A					A93DED8	490009		
FEC ID number of contributing federal political committee.	C				67.	64					
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) 9, Chief Risk Officer		M	emo	Item					
Receipt For:	Year-to-Date ▼	_									
Primary General	Aggregate										
Other (specify)		330.48									
SUBTOTAL of Receipts This Page (optional).						, .	. ,	207.	25		
TOTAL This Period (last page this line number	er only)					<b>,</b> ,	-				

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Any information copied from such Reports or for commercial purposes, other than us														
NAME OF COMMITTEE (In Full)														
Selective Insurance Compa	any of Americ	a Political Action Com	mittee	Э										
Full Name of Individual (Last, First, Mid Lanza, Michael, , ,	dle Initial) or Full O	rganization Name		Date of Receipt										
Mailing Address 251R Current Rd				03 08 2024										
City	State	Zip Code		Trans	acti	ion I	D : A	9DB19	BA75FE	04D1D9E				
Andover	NJ	07821-5012	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С					-y		-	100.	00				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) 9, General Counsel		Me	emo	) Iten	n							
Receipt For:		Year-to-Date <b>V</b>												
Primary     General       Other (specify) ▼		500.00	]											
Full Name of Individual (Last, First, Mid Lanza, Michael, , ,	dle Initial) or Full O	rganization Name		Date of	Re	eceipt	t							
Mailing Address 251R Current Rd				м м 03	/		22	/ Y	y y 2024	Y				
City	State	Zip Code		Trans	acti	ion II	D : A	1E5702	28210184	E0AB20				
Andover	NJ	07821-5012	A	mount	of	Each	h Ree	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С					- -		-9	100.	00				
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) 9, General Counsel		Me	emo	lten	n							
Receipt For:	Aggregate	Year-to-Date 🔻												
Primary     General       Other (specify) ▼		600.00	]											
Full Name of Individual (Last, First, Mid Cunniff, Christopher, , ,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt	t							
Mailing Address 159 Paddlers Pt				M M	/		D 00	/ Y	Y Y	Y				
Apt 203	State	Zin Codo	-  I	03 Trans			22	62004	2024	4665465				
City Matamoras	PA	Zip Code 18336-2015								466FA65				
FEC ID number of contributing federal political committee.	С			mount	. 01	∟ach	n Red	ceipt th	is Period 67.	_				
Name of Employer (for Individual)		upation (for Individual)	-  ī	Memo Item										
Selective Insurance Company of America Receipt For:		, Chief Risk Officer	_											
Primary General	Aggregate	Year-to-Date <b>V</b>												
Other (specify)	200.40													
SUBTOTAL of Receipts This Page (option	' nal)					y		9	267.	64				
TOTAL This Period (last page this line nu	umber only)							7						

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			Detailed Summary Page		11a 13		11b 14	$\vdash$	11c 15	12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the														
$\backslash$	NAME OF COMMITTEE (In Full)														
$\sum$	Selective Insurance Company of	of Americ	a Political Action Com	mitte	е										
Α.	Full Name of Individual (Last, First, Middle In Bresney, John, , ,	itial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 8 Northridge Ct														
	City Hackettstown	State NJ	Zip Code 07840-5684		Transaction ID : A6875D9F3685C4C028D8 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.							-y	83.	65					
	Name of Employer (for Individual) Selective Insurance Company of America	upation (for Individual) 9, Chief Information Of		M	emo	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 494.22	]											
в.	Full Name of Individual (Last, First, Middle In Hall, Brenda, , ,		Date of	Re	eceipt										
	Mailing Address 3407 Delamere Dr		<sup>M</sup> 03	/	22		Y	y y 2024	Y						
	City Matthews	State NC	Zip Code 28104-6866							<b>0034FA</b> Period	4FAD96				
	FEC ID number of contributing federal political committee.	С							4	150.	00				
	Name of Employer (for Individual) Selective Insurance Company of America	Occ EVF		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 650.00												
C.	Full Name of Individual (Last, First, Middle In Sarisky, Brian, , ,	itial) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 22 Natale Dr				<sup>M</sup> 03	1	22		Y	y y 2024	Y				
	City Sparta	State NJ	Zip Code 07871-3034				-			E4372B4	D3BB50				
	FEC ID number of contributing federal political committee.	С					y		y	96.	15				
	Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) f UW Officer, CL	Memo Item											
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 481.15													
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			- 1			, . , .	-	9	329.8	30				

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and s or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Selective Insurance Company	of Americ	a Political Action Comn	nittee
Full Name of Individual (Last, First, Middle In McKenna, Robert, , , Mailing Address 5 Skyview Dr City Sparta	State NJ	Zip Code 07871-1782	Date of Receipt 03 22 2024 Transaction ID : A312FDAEE0A3741E093B Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Selective Insurance Company of America Receipt For: ☐ Primary   General Other (specify) ▼	Memo Item		
Full Name of Individual (Last, First, Middle In         Anderson, Allen, , ,         Mailing Address 51 Bluffs Ct         City         Hamburg         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Selective Insurance Company of America         Receipt For:         Primary       General         Other (specify) ▼	State NJ C	Zip Code 07419-1525 upation (for Individual) P, Chief UW Officer P/L Year-to-Date ▼ 230.76	Date of Receipt
Full Name of Individual (Last, First, Middle In Adams, Charles, , ,         Mailing Address 203 Windsor Dr         City         Northampton         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Selective Insurance Company of America         Receipt For:         Primary       General         Other (specify)	State PA C Occu SVP	Zip Code 18067-1780 upation (for Individual) P, Regional Manager Year-to-Date ▼ 450.00	Date of Receipt 03 / 22 / 2024 Transaction ID : A052F90AB83C6452CB52 Amount of Each Receipt this Period 75.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			169.42

#### Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports an	ay not be sold or used by any n	erson fo	13 or the	purr	14 005		15 oliciting	16 contribut	17 ions					
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to sol	icit cor	ntrib	outio	ons fro	om such	n committe	ee.				
NAME OF COMMITTEE (In Full)		_												
Selective Insurance Compan	y of Americ	a Political Action Com	mittee	Э										
• • • • •	st, First, Middle Initial) or Full Organization Name				- Do	ii	nt							
Beck, Jeffrey, , ,					Date of Receipt									
Mailing Address 35 W Hampton Rd				03 22 2024										
City	State				Transaction ID : AD08CA5E595FE4168A07									
Philadelphia	PA	19118-3610	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		76.						76.9	92				
Name of Employer (for Individual)Occupation (for Individual)Selective Insurance Company of AmericaSVP, Govt & Regulatory Af					Memo Item									
Receipt For: Aggregate Year-to-Date ▼														
Primary General Other (specify) ▼		461.52												
Full Name of Individual (Last, First, Middle B. Mull, Rohit, , ,	Initial) or Full C	rganization Name		Date of	Re	cei	pt							
Mailing Address 5 Pine Valley Way				03 22 2024										
City	State	Zip Code		Trans	acti	on	ID : A	36F48E	E448B604	FDF9D3				
Florham Park	NJ	07932-2700	A	mount	of	Ead	ch Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С		200.00 Memo Item											
Name of Employer (for Individual) Selective Insurance Company of America	Occ EVI													
Receipt For:	Aggregate Year-to-Date ▼													
Primary General	rimary General													
Other (specify)	4													
Full Name of Individual (Last, First, Middle C. Senia, Vincent, , ,	Initial) or Full C	rganization Name		Date of	Re	eceir	pt							
Mailing Address 8 Millstone Ct				<sup>M</sup> 03	/		22	/ Y	y y 2024	Y				
City	State NJ	Zip Code		Trans	acti	ion	ID : A	2C118	392D88D4	1E36816				
Morristown		07960-2678	A	mount	of	Ead	ch Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C			_	9		9	50.0	00					
Name of Employer (for Individual) Selective Insurance Company of America	Occupation (for Individual) EVP, Chief Actuary			Memo Item										
Receipt For: Aggregate Year-to-Date V														
Primary General	33-33-10	300.00												
Other (specify)														
SUBTOTAL of Receipts This Page (optional)	)					,			326.9	92				
TOTAL This Period (last page this line numb	per only)					,		-						

## SCHEDULE A (FEC Form 3X)

# Use separate schedule(s)

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15

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$									
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma le name and a	ay not be sold or used by any p address of any political committed	erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
ight angle Selective Insurance Company	of Americ	a Political Action Com	nittee									
Full Name of Individual (Last, First, Middle Ir A. Purnell, Thomas, , ,	nitial) or Full C	organization Name	Date of Receipt									
Mailing Address 4 Country Ln	03 / D D / Y Y Y Y 22 2024											
City Sparta	State NJ	Zip Code 07871-2911	Transaction ID : AD90031411E624ABD8C5 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		40.00									
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Regional Manager	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]									
Full Name of Individual (Last, First, Middle Ir B. Heismeyer, Cynthia, , ,	nitial) or Full C	organization Name	Date of Receipt									
Mailing Address 36 Bailey Park Dr	03 22 2024											
City	State	Zip Code	Transaction ID : A4FDCBD37FE6B4BCCA2									
Augusta	NJ	07822-2148	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.												
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) Strategy&Partnerships	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 276.90										
Full Name of Individual (Last, First, Middle Ir C. Forrey, Kevin, , ,	nitial) or Full C	Prganization Name	Date of Receipt									
Mailing Address 929 Neipsic Rd	03 22 2024											
City Glastonbury	State CT	Zip Code 06033-2503	Transaction ID : A14176F1547084BEB888           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) Selective Insurance Company of America		upation (for Individual) P, Entrpr Del Svcs	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00										
SUBTOTAL of Receipts This Page (optional)			136.15									
TOTAL This Period (last page this line number	r only)											

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			L ay not be sold or used by any p ddress of any political committe		or the		oose of	soliciting		ntributi	ions				
	. ,	of Americ	a Political Action Com	mittee	Э										
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Orecchio, Maria, , , Mailing Address 54 McKesson Hill Rd					Date of Receipt										
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FEC ID number of cont federal political committ	0	С					1 - APA		76.9	3					
Name of Employer (for Selective Insurance Cor	,	Occ SVF		Me	emo	Item									
Receipt For:	General	Aggregate	Aggregate Year-to-Date ▼												
Other (specify) <b>v</b>															
Full Name of Individual <b>B.</b>	(Last, First, Middle Ir	nitial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address															
City		State	Zip Code	A	Amount	: of	Each R	eceipt th	nis F	Period	_				
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Name of Employer (for	Individual)	Occupation (for Individual)				emo	Item								
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Other (specify)	Primary General Other (specify) ▼														
Full Name of Individual	(Last, First, Middle In	nitial) or Full O	rganization Name		Date of	Re	ceipt								
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Name of Employer (for	Individual)	Occi	upation (for Individual)		M	emo	Item								
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Other (specify)	General		]												
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