

# 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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5)            | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input checked="" type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7)            | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 05 / 01 / 2026 through M M / D D / Y Y Y Y Y Y 05 / 31 / 2026

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 Beck, Jeffrey, , ,

Signature of Treasurer Beck, Jeffrey, , , Date M M / D D / Y Y Y Y Y Y 06 / 04 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**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="2026"/>	<input type="text" value="50189.40"/>	<input type="text" value="50189.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26742.23"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3818.01"/>	<input type="text" value="16370.84"/>
(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="30560.24"/>	<input type="text" value="66560.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5000.00"/>	<input type="text" value="41000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="25560.24"/>	<input type="text" value="25560.24"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

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  
05 / 01 / 2026 To: M M / D D / Y Y Y Y  
05 / 31 / 2026

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).....	3452.93	10168.91
(ii) Unitemized .....	365.08	6201.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3818.01	16370.84
(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) .....	3818.01	16370.84
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)).....▶	3818.01	16370.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3818.01	16370.84

**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.....	5000.00	13500.00
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).....	0.00	27500.00
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)) ..	5000.00	41000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	41000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3818.01	16370.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3818.01	16370.84
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 29
<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. Caboot, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1605 Cobble Ct  
 City New Cumberland State PA Zip Code 17070-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) AVP, Insur Ops Sr Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 01 / 2026  
**Transaction ID : AE1FCB2DF855C42169D3**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Heismeyer, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Bailey Park Dr  
 City Augusta State NJ Zip Code 07822-2148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Strategy&Partnerships  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.35

Date of Receipt 05 / 01 / 2026  
**Transaction ID : A7A955C8F47D44678A35**  
 Amount of Each Receipt this Period 46.15  
 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 ▼ 207.72

Date of Receipt 05 / 01 / 2026  
**Transaction ID : A455EE403000744758C1**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	94.23
<b>TOTAL</b> 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 29
	<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. 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) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : AAE52A8F44F87437BBD2**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**B. Riley, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 Olive Mill Ln  
 City Matthews State NC Zip Code 28104-7285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 326.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : A0FA697C195D14B30BBB**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**C. Forrey, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 929 Neipsic Rd  
 City Glastonbury State CT Zip Code 06033-2503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Entrpr Del Svcs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : A4D5B923DB90C4354BD7**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	148.47
<b>TOTAL</b> 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 29
	<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. Orechio, 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 ▼ 999.97

Date of Receipt 05 / 01 / 2026  
**Transaction ID : A463F4652064040CEBFA**  
 Amount of Each Receipt this Period 115.38  
 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 ▼ 692.28

Date of Receipt 05 / 01 / 2026  
**Transaction ID : A7B13358F908F427AA3F**  
 Amount of Each Receipt this Period 76.92  
 Memo Item

**C. Mull, Rohit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Pine Valley Way  
 City Florham Park State NJ Zip Code 07932-2700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Mktg & Inn Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 01 / 2026  
**Transaction ID : A21A804B9900F44F4953**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 242.30  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<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 LOB  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 01 / 2026  
**Transaction ID : A4D985CFA0F1849D7826**  
 Amount of Each Receipt this Period 30.00  
 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, IT Ent Strat & Exec  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 554.92

Date of Receipt 05 / 01 / 2026  
**Transaction ID : AEE199D2B0C3A4DA5AE0**  
 Amount of Each Receipt this Period 62.52  
 Memo Item

**C. Raider, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Stanton Ln  
 City Marlton State NJ Zip Code 08053-2469  
 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 ▼ 225.00

Date of Receipt 05 / 01 / 2026  
**Transaction ID : A856F4CEBAD5F4D7BB63**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.52
<b>TOTAL</b> 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 29
	<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. Trent, Zachary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16338 Cardross Ln  
 City Huntersville State NC Zip Code 28078-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Auto LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : A462DB95D220142BB94C**  
 Amount of Each Receipt this Period  
 40.00  
 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 ▼ 1016.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : A233BFEEA51C364ACB950**  
 Amount of Each Receipt this Period  
 115.00  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : AEC4C0C9B39444E6A9CF**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<b>TOTAL</b> 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 29
	<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. Sims, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Longfellow Ln  
 City Hainesport State NJ Zip Code 08036-3726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 503.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : AF7F11ACF8139440BA7A**  
 Amount of Each Receipt this Period  
 57.69  
 Memo Item

**B. Anderson, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 Bluffs Ct  
 City Hamburg State NJ Zip Code 07419-1525  
 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 ▼ 346.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : A489C79FBE3144E4EAAA**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

**C. Bennett, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5915 Tall Timber Run  
 City Carmel State IN Zip Code 46033-8666  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : A30FB8FECDD5FA4B30866**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	121.15
<b>TOTAL</b> 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 29
	<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. 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) EVP, Chief Information Of  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 826.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : A1595E549460E48AAA57**  
 Amount of Each Receipt this Period  
 96.15  
 Memo Item

**B. Bessler, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12219 Redgold Run  
 City Carmel State IN Zip Code 46032-8355  
 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 ▼ 364.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : A34C1BFA1B84C474389D**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. Lanza, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 251R Current Rd  
 City Andover State NJ Zip Code 07821-5012  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : AB91AA28071EE4D49B21**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	236.15
<b>TOTAL</b> 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 29
	<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. Brennan, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2907 Morley Rd  
 City Shaker Heights State OH Zip Code 44122-2857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 05 / 01 / 2026  
**Transaction ID : ACFE1B2B61DE442EDA7F**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Lanza, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 251R Current Rd  
 City Andover State NJ Zip Code 07821-5012  
 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 ▼ 1000.00

Date of Receipt  
 05 / 15 / 2026  
**Transaction ID : ACD6B34167DD34B61A79**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Bessler, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12219 Redgold Run  
 City Carmel State IN Zip Code 46032-8355  
 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 ▼ 404.23

Date of Receipt  
 05 / 15 / 2026  
**Transaction ID : A214EE98DFF874DC2A24**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<b>TOTAL</b> 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 29
	<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) EVP, Chief Information Of  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2026  
**Transaction ID : AA48B4460249E425287B**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Trent, Zachary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16338 Cardross Ln  
 City Huntersville State NC Zip Code 28078-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Auto LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2026  
**Transaction ID : A379D300C247148A1AA5**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Bennett, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5915 Tall Timber Run  
 City Carmel State IN Zip Code 46033-8666  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2026  
**Transaction ID : A99E1427DE0424ED58C4**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	161.15
<b>TOTAL</b> 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 29
	<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. Anderson, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 Bluffs Ct  
 City Hamburg State NJ Zip Code 07419-1525  
 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 ▼ 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2026  
**Transaction ID : A061FA6F47C5F49FEA3D**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Sims, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Longfellow Ln  
 City Hainesport State NJ Zip Code 08036-3726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 561.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2026  
**Transaction ID : AE9194ABB824D4960858**  
 Amount of Each Receipt this Period 57.69  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2026  
**Transaction ID : A0495FF2343954EE2B50**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.15
<b>TOTAL</b> 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 29
	<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 1131.15

Date of Receipt 05 / 15 / 2026  
**Transaction ID : A8B741D07611A4E818DD**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**B. Mazarella, 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 LOB  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 05 / 15 / 2026  
**Transaction ID : AF7E161CD2F7F49F9901**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Raider, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Stanton Ln  
 City Marlton State NJ Zip Code 08053-2469  
 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 250.00

Date of Receipt 05 / 15 / 2026  
**Transaction ID : AB40F75B07B9B4C268BC**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> 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 29
	<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. 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, IT Ent Strat & Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 617.44

Date of Receipt  
 05 / 15 / 2026  
**Transaction ID : A34401A352A9E4814B71**  
 Amount of Each Receipt this Period 62.52  
 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 ▼ 769.20

Date of Receipt  
 05 / 15 / 2026  
**Transaction ID : A98AAC1EA671B40ABA3F**  
 Amount of Each Receipt this Period 76.92  
 Memo Item

**C. Brennan, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2907 Morley Rd  
 City Shaker Heights State OH Zip Code 44122-2857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 05 / 15 / 2026  
**Transaction ID : AC003C11B734E425BA1E**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	189.44
<b>TOTAL</b> 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 29
	<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. Mull, Rohit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Pine Valley Way  
 City Florham Park State NJ Zip Code 07932-2700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Mktg & Inn Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2026  
**Transaction ID : AE39A7579AB01458CA08**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Forrey, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 929 Neipsic Rd  
 City Glastonbury State CT Zip Code 06033-2503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Entrpr Del Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2026  
**Transaction ID : A2A754D8339FB44709D3**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Riley, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 Olive Mill Ln  
 City Matthews State NC Zip Code 28104-7285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.46

Date of Receipt 05 / 15 / 2026  
**Transaction ID : ABA997FB50F5C45E0AFC**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	138.47
<b>TOTAL</b> 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 29
	<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. 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) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 05 / 15 / 2026  
**Transaction ID : A5F3811A054054A399BC**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Heismeyer, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Bailey Park Dr  
 City Augusta State NJ Zip Code 07822-2148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Strategy&Partnerships  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 461.50

Date of Receipt  
 05 / 15 / 2026  
**Transaction ID : A038BA719F8424F3AA61**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**C. Caboot, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1605 Cobble Ct  
 City New Cumberland State PA Zip Code 17070-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) AVP, Insur Ops Sr Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 05 / 15 / 2026  
**Transaction ID : A4A830A97D6A744F09A7**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	131.15
<b>TOTAL</b> 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 29
	<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 ▼ 230.80

Date of Receipt 05 / 15 / 2026  
**Transaction ID : A493A5C745F7143C787E**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**B. Caboot, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1605 Cobble Ct  
 City New Cumberland State PA Zip Code 17070-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) AVP, Insur Ops Sr Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AF4101268368B470591B**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 253.88

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A5C90536A990C4F18AA6**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	71.16
<b>TOTAL</b> 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 29
	<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. Heismeyer, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Bailey Park Dr  
 City Augusta State NJ Zip Code 07822-2148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Strategy&Partnerships  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 507.65

Date of Receipt 05 / 29 / 2026  
**Transaction ID : ACAB26C7961694035B7A**  
 Amount of Each Receipt this Period 46.15  
 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) EVP, Chief Information Of  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1019.21

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A5394BC0370494235B51**  
 Amount of Each Receipt this Period 96.15  
 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) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 660.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AD5C10810FBAF483F82E**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 202.30  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 29
<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. Riley, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 Olive Mill Ln  
 City Matthews State NC Zip Code 28104-7285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.93

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AB5DE4A942F6747BCA4B**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Beal, Jamie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Wellington Dr  
 City Long Valley State NJ Zip Code 07853-6115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Director of Communica  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AAEC55F1E29E400DB81**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Forrey, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 929 Neipsic Rd  
 City Glastonbury State CT Zip Code 06033-2503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Entrpr Del Svcs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A5828B255678141B8A4C**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	108.47
<b>TOTAL</b> 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 29
	<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. Mull, Rohit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Pine Valley Way  
 City Florham Park State NJ Zip Code 07932-2700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, Chief Mktg & Inn Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AAE8DE691E1AB4B519FC**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Brennan, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2907 Morley Rd  
 City Shaker Heights State OH Zip Code 44122-2857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) EVP, CFO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A02C9632CF5DE4228B60**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 846.12

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A26A472BCA6F44CD0B1E**  
 Amount of Each Receipt this Period 76.92  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	176.92
<b>TOTAL</b> 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 29
	<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 LOB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2026  
**Transaction ID : A4964ECB70708406EBE1**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Raider, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Stanton Ln  
 City Marlton State NJ Zip Code 08053-2469  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2026  
**Transaction ID : AD463154B18BC4772989**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Trent, Zachary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16338 Cardross Ln  
 City Huntersville State NC Zip Code 28078-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) SVP, Auto LOB  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2026  
**Transaction ID : ADBDFF19F782648EF9E8**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> 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 29
	<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, IT Ent Strat & Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.96

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A9D83B1737C3E45A3927**  
 Amount of Each Receipt this Period 62.52  
 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 ▼ 1246.15

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A67E17509EC634B6BA7D**  
 Amount of Each Receipt this Period 115.00  
 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 ▼ 330.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AB82B1F0AB2F844F892A**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	207.52
<b>TOTAL</b> 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 29
	<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. Lewis, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 Quaker Meadows Ln  
 City Fort Mill State SC Zip Code 29715-7862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Reg Claims Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AE1C91B38EF914737A27**  
 Amount of Each Receipt this Period 20.00  
 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) EVP, Chief Investment Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AF160E3F925B145ACBD2**  
 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 51 Bluffs Ct  
 City Hamburg State NJ Zip Code 07419-1525  
 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 ▼ 423.06

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A26C7E44C88084FB9B4A**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.69
<b>TOTAL</b> 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 27 OF 29
<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, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5915 Tall Timber Run  
 City Carmel State IN Zip Code 46033-8666  
 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 ▼ 275.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A9952359D5B1E4BE3B0B**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Kopera, Amanda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Boa Vista Dr  
 City Lake Hopatcong State NJ Zip Code 07849-2417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) VP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AAFCE9BACB80D4AA2A61**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Bessler, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12219 Redgold Run  
 City Carmel State IN Zip Code 46032-8355  
 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 ▼ 444.23

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A419E1E3EA85B4828BF2**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> 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 29
	<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. Sims, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Longfellow Ln  
 City Hainesport State NJ Zip Code 08036-3726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 619.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2026  
**Transaction ID : AEABFF9BA01FA4E509FC**  
 Amount of Each Receipt this Period  
 57.69  
 Memo Item

**B. Sparks, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1108 W Palo Verde St  
 City Gilbert State AZ Zip Code 85233-4764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Selective Insurance Company of America Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2026  
**Transaction ID : A8EF353C394ED4D029EA**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Lanza, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 251R Current Rd  
 City Andover State NJ Zip Code 07821-5012  
 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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2026  
**Transaction ID : A2D47334DB3C7437D81C**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	177.69
<b>TOTAL</b> This Period (last page this line number only).....	3452.93

**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 Property Casualty Insurance Association Federal Only Political Action Committee (Insuring America FOPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2026

Mailing Address 8700 WEST BRYN MAWR  
SUITE 1200S

City Chicago State IL Zip Code 60631-3512

FEC Identification Number

C	C00692806
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**Transaction ID : B9ECAD6564**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Purpose of Disbursement  
2026 Contribution

011
Category/ Type

Candidate Name  
American Property Casualty Insurance Association Federal Only Political Action Committee (Insuring America FOPAC)

Office Sought:  House  Senate  President  
 Disbursement For: 2026  
 Primary  General  
 Other (specify)  Other

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

--

Memo Item

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
 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

--

Memo Item

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

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

5000.00
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**TOTAL** This Period (last page this line number only).....▶

5000.00
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