

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

PMA Group Political Action Committee

ADDRESS (number and street)

2345 Crystal Drive

(Check if address is changed)

Suite 300

Arlington

VA

22202

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

pmapac@thepmagroup.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.thepmagroup.com

COMMITTEE'S FAX NUMBER

7034150182

2. DATE

02 / 04 / 2007

3. FEC IDENTIFICATION NUMBER

C C00280321

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer **Joseph S. Littleton, III**

Signature of Treasurer Electronically Filed by **Joseph S. Littleton, III**

Date **02 / 22 / 2008**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

The PMA Group, Inc. _____

Mailing Address **2345 Crystal Drive**
Suite 300
Arlington **VA** **22202** - _____
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected Org** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

PMA Group Political Action Committee

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mr. Matthew L. Miller**

Mailing Address **2345 Crystal Drive**

Suite 300

Arlington VA 22202

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **703 415 0344**

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mr. Matthew L. Miller**

Mailing Address **2345 Crystal Drive**

Suite 300

Arlington VA 22202

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **703 415 0344**

Full Name of Designated Agent **Ms. Kaylene H. Green**

Mailing Address **2345 Crystal Drive**

Suite 300

Arlington VA 22202

Title or Position ▼ **Assistant Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **703 415 0344**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

P.O. Box 27025

Regional Center VA2-125-04-01

Richmond

VA

23261

7025

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Designated Agent

[ADDITIONAL]

Full Name **Mr. Mark J. Magliocchetti**

Mailing Address **2345 Crystal Drive**

Suite 300

Arlington VA 22202

Title or Position ▼ **Assistant Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **703 415 0344**