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PAUL MAGLIOCCHETTI ASSOCIATES, INC.
POLITICAL ACTION COMMITTEE

FEC# C00280321

CRYSTAL SQUARE 5
3755 JEFFERSON DAVIS HIGHWAY, SUITE 1107
ARLINGTON, VIRGINIA 22202
(703) 415-0344 FAX (703) 415-0182

February 28, 2001

Federal Election Commission
999 E Street NW
Washington, DC 20463

Identification Number: C00280321

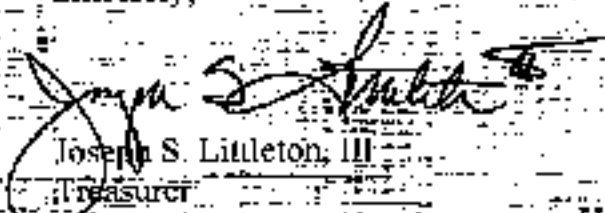
Enclosure: Amended FEC FORM 1 dated February 28, 2001

Dear Sirs:

This is to notify you of a change in the name of our Political Action Committee as a result of a change in the name of our connected corporation. Per a conversation with your staff, we are submitting a paper copy of an amended FEC FORM 1 in lieu of an electronic filing of the same form.

If you have any questions, please contact me directly at (703) 415-0344. Thank you for your consideration.

Sincerely,


Joseph S. Littleton, III
Treasurer

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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

FMA GROUP POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1755 JEFFERSON DAVIS HIGHWAY

(Check if address is changed)

SUITE 1107

ARLINGTON VA 22202

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

NONE

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

2. DATE 02 15 28 2001

3. FEC IDENTIFICATION NUMBER C 00280321

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 *Joseph S. Littleton III* Date 02 28 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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
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- (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

EMA GROUP, INC. _____

Mailing Address 1755 JEFFERSON DAVIS HIGHWAY
SUITE 1107
ARLINGTON VA 22202
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED: _____

Type of Connected Organization:

- | | | |
|---|-------------------------------|--------------------|
| <input checked="" type="checkbox"/> 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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 2-28-01
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>del</i> PREPARER	3-2-01 DATE PREPARED