

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 PMA Group Political Action Committee

ADDRESS (number and street) **Check if different than previously reported. (ACC)**  
 1755 Jefferson Davis Highway  
 Suite 1107  
 Arlington VA 22202

2. **FEC IDENTIFICATION NUMBER** C00280321  
**CITY** **STATE** **ZIP CODE**  
 3. **IS THIS REPORT**  **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**  
 (a) Quarterly Reports:  
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 (c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Convention (12C) Special (12S)  
 (d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)  
 Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 06 01 2001 through 06 30 2001

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 Mr. Joseph S. Littleton, III  
 Signature of Treasurer Electronically Filed by Mr. Joseph S. Littleton, III Date 07 13 2001

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
FMA Group Political Action Committee

Report Covering the Period: From: <sup>K</sup>0<sup>6</sup> <sup>D</sup>0<sup>1</sup> <sup>Y</sup>200<sup>1</sup> To: <sup>K</sup>0<sup>6</sup> <sup>D</sup>3<sup>0</sup> <sup>Y</sup>200<sup>1</sup>

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 200 <sup>1</sup>		13467.26
(b) Cash on Hand at Beginning of Reporting Period .....	15316.68	
(c) Total Receipts (from Line 19) .....	12582.66	89432.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27899.34	102899.34
7. Total Disbursements (from Line 30) .....	26000.00	101000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1899.34	1899.34
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

Toll Free 800-420-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

PMA Group Political Action Committee

Report Covering the Period: From: <sup>MM</sup>06 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>06 <sup>DD</sup>30 <sup>YYYY</sup>2001

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) .....	12582.66	
(ii) Unitemized .....	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	12582.66	89432.06
(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 32, page 4) .....	12582.66	89432.06
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 36, page 4) .....	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 Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	12582.66	89432.06
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	12582.66	89432.06

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	26000.00	101000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	26000.00	101000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	26000.00	101000.00
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	12582.66	89432.06
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	12582.66	89432.06
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Fred Clark**

Mailing Address  
7D1 North Illinois Street

City State Zip Code  
Arlington VA 22205

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1500.00

Transaction ID: SA11A1.5753

Full Name (Last, First, Middle Initial)  
**B. Dan Cunningham**

Mailing Address  
7808 Creekside View Lane

City State Zip Code  
Springfield VA 22153

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2500.00

Transaction ID: SA11A1.5740

Full Name (Last, First, Middle Initial)  
**C. Daniel Fleming**

Mailing Address  
6488 Crayford Street

City State Zip Code  
Burke VA 22015-4178

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2000.00

Transaction ID: SA11A1.5742

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. David Gwaltney**

Mailing Address  
502 Woodland Terrace

City State Zip Code  
Alexandria VA 22302

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 3000.00

Transaction ID: SA11A1.5745

Full Name (Last, First, Middle Initial)  
**B. Joseph S. Littleton, III**

Mailing Address  
10220 Grovewood Way

City State Zip Code  
Fairfax VA 22032

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2500.00

Transaction ID: SA11A1.5737

Full Name (Last, First, Middle Initial)  
**C. Joseph S. Littleton, III**

Mailing Address  
10220 Grovewood Way

City State Zip Code  
Fairfax VA 22032

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 3000.00

Transaction ID: SA11A1.5751

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John Lynch  
Date of Receipt  
Mailing Address  
16719 Ostenbury Ct.  
N M / D E / Y Y Y Y  
0 6 / 0 6 / 2 0 0 1  
City State Zip Code  
Dumfries VA 22026  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 416.66  
Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2083.30  
Transaction ID: SA11A1.5739

**B.** Full Name (Last, First, Middle Initial)  
Steve Mader  
Date of Receipt  
Mailing Address  
10522 Providence Way  
N M / D E / Y Y Y Y  
0 6 / 1 8 / 2 0 0 1  
City State Zip Code  
Fairfax VA 22030  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 1250.00  
Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2500.00  
Transaction ID: SA11A1.5748

**C.** Full Name (Last, First, Middle Initial)  
Mark J. Magliocchetti  
Date of Receipt  
Mailing Address  
5115 Donovan Drive  
N M / D E / Y Y Y Y  
0 6 / 1 3 / 2 0 0 1  
City State Zip Code  
Alexandria VA 22304  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 500.00  
Name of Employer Occupation Contribution  
Fibergate, Inc. Sales/Marketing  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 5000.00  
Transaction ID: SA11A1.5747

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2166.66**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mark Mioduski

Mailing Address  
6201 Homespun Lane

City State Zip Code  
Falls Church VA 22044

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 3000.00

Transaction ID: SA11A1.5744

**B.** Full Name (Last, First, Middle Initial)  
Mark Mioduski

Mailing Address  
6201 Homespun Lane

City State Zip Code  
Falls Church VA 22044

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 4000.00

Transaction ID: SA11A1.5752

**C.** Full Name (Last, First, Middle Initial)  
Brien Morgan

Mailing Address  
8611 Mallard View

City State Zip Code  
Fairfax Station VA 22039

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2466.66

Transaction ID: SA11A1.5738

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2000.00**

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



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

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

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Morgan

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 6 / 2 2 / 2 0 0 1

8611 Mallard View

City

State

Zip Code

Fairfax Station

VA

22039

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

500.00

Name of Employer  
The PMA Group, Inc.

Occupation  
Associate

Contribution

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

2966.66

Transaction ID: SA11A1.5750

Full Name (Last, First, Middle Initial)

B. Mark Rohala

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 6 / 0 1 / 2 0 0 1

3429 South Stafford Street, B-2

City

State

Zip Code

Arlington

VA

22206

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

416.00

Name of Employer  
The PMA Group, Inc.

Occupation  
Associate

Contribution

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

2062.10

Transaction ID: SA11A1.5735

Full Name (Last, First, Middle Initial)

C. Tim Sanders

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 6 / 0 6 / 2 0 0 1

4534 Conwell Drive

City

State

Zip Code

Annandale

VA

22005

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

1000.00

Name of Employer  
The PMA Group, Inc.

Occupation  
Associate

Contribution

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

5000.00

Transaction ID: SA11A1.5741

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1916.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 23

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Briggs Stede

Mailing Address  
8820 Colesbury Place

City State Zip Code  
Fairfax VA 22031

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1500.00

Transaction ID: SA11A1.5748

**B.** Full Name (Last, First, Middle Initial)  
Brian Thial

Mailing Address  
12505 Lolly Post Lane

City State Zip Code  
Woodbridge VA 22192

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1500.00

Transaction ID: SA11A1.5748

**C.** Full Name (Last, First, Middle Initial)  
Tom Vetti

Mailing Address  
501 Slaters Lane

City State Zip Code  
Alexandria VA 22314

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 5000.00

Transaction ID: SA11A1.5738

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mark Wlaczewski

Mailing Address  
408 Colin Lane NW

City State Zip Code  
Vienna VA 22180

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 1

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2000.00

Transaction ID: SA11A1.5743

**B.** Full Name (Last, First, Middle Initial)  
Glan Woods

Mailing Address  
5802 Meridian Hill Place

City State Zip Code  
Burke VA 22015

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The PMA Group, Inc. Associate

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.5785

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>12582.66</b>

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. ANDREWS FOR CONGRESS COMMITTEE</b>		Date of Disbursement 06 / 19 / 2001
Mailing Address P O BOX 265 SUITE 200 City State Zip Code OAKLYN NJ 08107		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	
Transaction ID: SB23.5815		

Full Name (Last, First, Middle Initial) <b>B. CHET EDWARDS FOR CONGRESS</b>		Date of Disbursement 06 / 25 / 2001
Mailing Address PO BOX 23273 City State Zip Code WACO TX 76702		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	
Transaction ID: SB23.581B		

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR COCHRAN</b>		Date of Disbursement 06 / 06 / 2001
Mailing Address PO BOX 7183 City State Zip Code TUPELO MS 38802		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought:      House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	
Transaction ID: SB23.5780		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. CRAIG FOR U S SENATE</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address PO BOX 2754 City State Zip Code BOISE ID 83701		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: SB23.5775	
State: ID      District: 00			

Full Name (Last, First, Middle Initial) <b>B. FRELINGHUYSEN FOR CONGRESS</b>		Date of Disbursement 06 / 11 / 2001	
Mailing Address 1711 ROUTE 48 City State Zip Code PARSIPPANY NJ 07054		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: SB23.5802	
State: NJ      District: 11			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF BUD CRAMER</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address POB BOX 2621 City State Zip Code HUNTSVILLE AL 35801		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: SB23.5779	
State: AL      District: 05			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CONGRESSMAN TIM HOLDEN</b>		Date of Disbursement 06 / 25 / 2001
Mailing Address P.O. BOX 37 City: ST. CLAIR State: PA Zip Code: 17970		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: PA District: 06	Transaction ID: SB23.581B	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF DAVE WELDON</b>		Date of Disbursement 06 / 14 / 2001
Mailing Address PO BOX 988 City: MELBOURNE State: FL Zip Code: 32902		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: FL District: 15	Transaction ID: SB23.5809	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF DON SHERWOOD</b>		Date of Disbursement 06 / 14 / 2001
Mailing Address 81 WARREN STREET City: TUNKHANNOCK State: PA Zip Code: 18657		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: PA District: 10	Transaction ID: SB23.5812	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
FMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF FRANK WOLF</b>		Date of Disbursement 06 / 14 / 2001	
Mailing Address PO BOX 6586 City State Zip Code MCLEAN VA 22106		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
		Transaction ID: SB23.5811	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MAX CLELAND</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address 3148 NORTHEAST EXPRESSWAY P O BOX 7843 City State Zip Code ATLANTA GA 30341		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
		Transaction ID: SB23.5784	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MAX CLELAND</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address 3148 NORTHEAST EXPRESSWAY P O BOX 7843 City State Zip Code ATLANTA GA 30341		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.5785	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
FMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF ROSA DELAURO</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address 40 HUNTINGTON STREET City NEW HAVEN State CT Zip Code 06511		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
Transaction ID: SB23.5798			

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SESSIONS SENATE COMMITTEE INC</b>		Date of Disbursement 06 / 14 / 2001	
Mailing Address P O BOX 4278 City MONTGOMERY State AL Zip Code 36103		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
Transaction ID: SB23.5813			

Full Name (Last, First, Middle Initial) <b>C. GORDON SMITH FOR U S SENATE</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address 228 S WASHINGTON STREET SUITE 200 City ALEXANDRIA State VA Zip Code 22314		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
Transaction ID: SB23.5773			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. GRAVES FOR CONGRESS</b>		Date of Disbursement 06 / 25 / 2001
Mailing Address 4701 NORTHWEST 82ND STREET City: KANSAS CITY State: MO Zip Code: 64151		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.5820
State: MO District: 06		

Full Name (Last, First, Middle Initial) <b>B. JO ANN DAVIS FOR CONGRESS</b>		Date of Disbursement 06 / 11 / 2001
Mailing Address POST OFFICE BOX 1834 City: YORKTOWN State: VA Zip Code: 23692		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.5801
State: VA District: 01		

Full Name (Last, First, Middle Initial) <b>C. LEWIS FOR CONGRESS COMMITTEE</b>		Date of Disbursement 06 / 06 / 2001
Mailing Address PO BOX 247 City: REDLANDS State: CA Zip Code: 92373		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.5784
State: CA District: 40		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. LOFGREN FOR CONGRESS</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address 111 W ST JOHN STREET SUITE 400 City SAN JOSE State CA Zip Code 95113		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
Transaction ID: SB23.5774			

Full Name (Last, First, Middle Initial) <b>B. LUCAS FOR CONGRESS</b>		Date of Disbursement 06 / 11 / 2001	
Mailing Address 3109 AIRLINE BLVD City PORTSMOUTH State VA Zip Code 23701		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 04	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
Transaction ID: SB23.5789			

Full Name (Last, First, Middle Initial) <b>C. MARION BERRY FOR CONGRESS</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address PO BOX 8084 City JONESBORO State AR Zip Code 72403		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
Transaction ID: SB23.5782			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. MARY BONO COMMITTEE</b>		Date of Disbursement 06 / 06 / 2001
Mailing Address PO BOX 3370 City PALM SPRINGS State CA Zip Code 92263		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.5777
State: CA District: 44		

Full Name (Last, First, Middle Initial) <b>B. MCCONNELL SENATE COMMITTEE '02</b>		Date of Disbursement 06 / 04 / 2001
Mailing Address PO BOX 1496 City LOUISVILLE State KY Zip Code 40201		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.5771
State: KY District: 00		

Full Name (Last, First, Middle Initial) <b>C. MIKE HONDA FOR CONGRESS</b>		Date of Disbursement 06 / 14 / 2001
Mailing Address 111 W ST JOHN STREET SUITE 400 City SAN JOSE State CA Zip Code 95113		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.5803
State: CA District: 15		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. NANCY PELOSI FOR CONGRESS</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address 1 BUSH STREET 11TH FLOOR City State Zip Code SAN FRANCISCO CA 94104		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
		Transaction ID: SB23.5796	

Full Name (Last, First, Middle Initial) <b>B. NETHERCUTT FOR CONGRESS '2000</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address PO BOX 1925 City State Zip Code SPOKANE WA 99201		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
		Transaction ID: SB23.5783	

Full Name (Last, First, Middle Initial) <b>C. NITA LOWEY FOR CONGRESS</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address PO BOX 271 City State Zip Code WHITE PLAINS NY 10605		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ Primary		
		Transaction ID: SB23.5787	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. RAYE FOR CONGRESS</b>		Date of Disbursement 06 / 14 / 2001	
Mailing Address POST OFFICE BOX 1776 City: BANGOR State: ME Zip Code: 04402		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
Transaction ID: SB23.5805			

Full Name (Last, First, Middle Initial) <b>B. SHERMAN FOR CONGRESS</b>		Date of Disbursement 06 / 14 / 2001	
Mailing Address 555 SOUTH FLOWER STREET SUITE 4510 City: LOS ANGELES State: CA Zip Code: 90071		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
Transaction ID: SB23.5807			

Full Name (Last, First, Middle Initial) <b>C. SPRATT FOR CONGRESS COMMITTEE</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address PO BOX 830 City: YORK State: SC Zip Code: 29745		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
Transaction ID: SB23.5789			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. STEVE ISRAEL FOR CONGRESS COMMITTEE</b>		Date of Disbursement 06 / 06 / 2001
Mailing Address 15 ORMOND STREET City: DIX HILLS State: NY Zip Code: 11746		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	
Transaction ID: SB23.5781		

Full Name (Last, First, Middle Initial) <b>B. STEVENS FOR SENATE COMMITTEE</b>		Date of Disbursement 06 / 27 / 2001
Mailing Address PO BOX 100879 City: ANCHORAGE State: AK Zip Code: 99510		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Transaction ID: SB23.5822		

Full Name (Last, First, Middle Initial) <b>C. TEAM SUNUNU</b>		Date of Disbursement 06 / 06 / 2001
Mailing Address PO BOX 500 City: RYE State: NH Zip Code: 03870		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	
Transaction ID: SB23.5788		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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)

PAGE 23 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
PMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. TOM DAVIS FOR CONGRESS</b>		Date of Disbursement 06 / 22 / 2001	
Mailing Address 6429 DOWNING COURT City ANNANDALE State VA Zip Code 22003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.5817	

**B.**

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>26000.00</b>