

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) 2345 Crystal Drive
Suite 300
 Check if different than previously reported. (ACC)
Arlington VA 22202

2. **FEC IDENTIFICATION NUMBER** C00280321
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 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 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2008 through 03 31 2008

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. Matthew L. Miller

Signature of Treasurer Electronically Filed by Mr. Matthew L. Miller Date 04 15 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
PMA Group Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		17956.34
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	2184.98									
(c) Total Receipts (from Line 19)	24468.64	72697.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26653.62	90653.62								
7. Total Disbursements (from Line 31)	25500.00	89500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1153.62	1153.62								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
PMA Group Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	24218.64	72377.28
(i) Itemized (use Schedule A)	250.00	320.00
(ii) Unitemized	24468.64	72697.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24468.64	72697.28
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 Transfer (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))	24468.64	72697.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24468.64	72697.28

DETAILED SUMMARY PAGE
of Disbursements

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.....	25500.00	89500.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	25500.00	89500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25500.00	89500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	24468.64	72697.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24468.64	72697.28
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 / 21
	<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)
PMA Group Political Action Committee

A.	Full Name (Last, First, Middle Initial) Paul Ted Anderson	Date of Receipt MM / DD / YYYY 03 / 04 / 2008
	Mailing Address 5594 Norham Drive	Transaction ID: SA11AI.9358
	City State Zip Code Alexandria VA 22310	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. C	Monthly Payroll Contribution
	Name of Employer The PMA Group, Inc. Occupation Associate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 833.32	

B.	Full Name (Last, First, Middle Initial) Dan Cunningham	Date of Receipt MM / DD / YYYY 03 / 04 / 2008
	Mailing Address 7808 Creekside View Lane	Transaction ID: SA11AI.9361
	City State Zip Code Springfield VA 22153	Amount of Each Receipt this Period 415.00
	FEC ID number of contributing federal political committee. C	Monthly Payroll Contribution
	Name of Employer The PMA Group, Inc. Occupation Associate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 830.00	

C.	Full Name (Last, First, Middle Initial) Richard Efford	Date of Receipt MM / DD / YYYY 03 / 04 / 2008
	Mailing Address 6400 Velleity Lane	Transaction ID: SA11AI.9360
	City State Zip Code Springfield VA 22152	Amount of Each Receipt this Period 415.00
	FEC ID number of contributing federal political committee. C	Monthly Payroll Contribution
	Name of Employer The PMA Group Occupation Vice President, Defense Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 850.00	

SUBTOTAL of Receipts This Page (optional)	1246.66
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 7 / 21
	<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)
PMA Group Political Action Committee

A.	Full Name (Last, First, Middle Initial) Roomiya Efford		Date of Receipt
	Mailing Address 6400 Velleity Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 24 / 2008
	City	State	Zip Code
	Springfield	VA	22152
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9375
Name of Employer Fairfax County Public Schools		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Sean Fogarty		Date of Receipt
	Mailing Address 9506 Yawl Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 10 / 2008
	City	State	Zip Code
	Burke	VA	22015
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9374
Name of Employer The PMA Group, Inc.		Occupation Associate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Kaylene Green		Date of Receipt
	Mailing Address PO Box 419		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 27 / 2008
	City	State	Zip Code
	Oakton	VA	22124
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9376
Name of Employer The PMA Group, Inc.		Occupation Associate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 8000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 21
	<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)
PMA Group Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mark Hamilton		Date of Receipt MM / DD / YYYY 03 / 04 / 2008
	Mailing Address 6305 Blackburn Ford Drive		Transaction ID: SA11AI.9364
	City Fairfax Station	State VA	Zip Code 22039
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 415.00
	Name of Employer The PMA Group	Occupation Associate	Monthly Payroll Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) John Hawkins		Date of Receipt MM / DD / YYYY 03 / 04 / 2008
	Mailing Address 2123 Apple Tree Lane		Transaction ID: SA11AI.9365
	City Silver Spring	State MD	Zip Code 20905
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer The PMA Group, Inc.	Occupation Associate	Monthly Payroll Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Pat Hiu		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 3652 Knox Court		Transaction ID: SA11AI.9380
	City Woodbridge	State VA	Zip Code 22193
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
	Name of Employer The PMA Group, Inc.	Occupation Associate	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00
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SUBTOTAL of Receipts This Page (optional)	5665.00
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 / 21
	<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)
PMA Group Political Action Committee

A.	Full Name (Last, First, Middle Initial) Melissa Koloszar		Date of Receipt
	Mailing Address 1138 N. Jackson Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Arlington	VA	22201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9363
Name of Employer The PMA Group, Inc.		Occupation Associate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 415.00
		<input type="text"/> 830.00	Monthly Payroll Contribution

B.	Full Name (Last, First, Middle Initial) Joseph S. Littleton, III, III		Date of Receipt
	Mailing Address 79 Canterbury Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Stafford	VA	22554
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9378
Name of Employer The PMA Group, Inc.		Occupation Associate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	Contribution

C.	Full Name (Last, First, Middle Initial) Kevin Miller		Date of Receipt
	Mailing Address 4220 Maple Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Fairfax	VA	22032
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9366
Name of Employer PMA Group, Inc.		Occupation Associate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 416.66
		<input type="text"/> 833.32	Monthly Payroll Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1331.66
TOTAL This Period (last page this line number only)	<input type="text"/>

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 / 21
	<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)
PMA Group Political Action Committee

A.	Full Name (Last, First, Middle Initial) Matt Miller		Date of Receipt
	Mailing Address 3825 Dittmar Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 04 / 2008
	City	State	Zip Code
	Arlington	VA	22207
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9367
Name of Employer The PMA Group, Inc.		Occupation Associate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 416.00
		<input type="text"/> 832.00	Monthly Payroll Contribution

B.	Full Name (Last, First, Middle Initial) Matt Miller		Date of Receipt
	Mailing Address 3825 Dittmar Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2008
	City	State	Zip Code
	Arlington	VA	22207
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9379
Name of Employer The PMA Group, Inc.		Occupation Associate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2080.00
		<input type="text"/> 2912.00	Contribution

C.	Full Name (Last, First, Middle Initial) Brian Morgan		Date of Receipt
	Mailing Address 8611 Mallard View		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 04 / 2008
	City	State	Zip Code
	Fairfax Station	VA	22039
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9368
Name of Employer The PMA Group, Inc.		Occupation Associate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 415.00
		<input type="text"/> 830.00	Monthly Payroll Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2911.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

<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)
PMA Group Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Liz Roberts

Mailing Address 211 11th Street, SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The PMA Group Associate

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 832.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.9369

Amount of Each Receipt this Period
416.00

Monthly Payroll Contribution

B.

Full Name (Last, First, Middle Initial)
Joe Spata

Mailing Address 7850 Vervain Court

City State Zip Code
Springfield VA 22152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The PMA Group, Inc. Associate

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.9370

Amount of Each Receipt this Period
400.00

Monthly Payroll Contribution

C.

Full Name (Last, First, Middle Initial)
Scott VandeSand

Mailing Address 6010 Washington Boulevard

City State Zip Code
Arlington VA 22205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The PMA Group, Inc. Associate

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.32

Date of Receipt

M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.9381

Amount of Each Receipt this Period
416.66

Monthly Payroll Contribution

SUBTOTAL of Receipts This Page (optional) ▶

1232.66

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: PAGE 12 / 21

(check only one)

<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)
PMA Group Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Tom Veltri

Mailing Address 713 Hawkins Way

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.9371

Amount of Each Receipt this Period 416.66

Monthly Payroll Contribution

B.

Full Name (Last, First, Middle Initial)
Glen Woods

Mailing Address 5602 Meridian Hill Place

City State Zip Code
Burke VA 22015

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 06 / 2008

Transaction ID: SA11AI.9373

Amount of Each Receipt this Period 1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Glen Woods

Mailing Address 5602 Meridian Hill Place

City State Zip Code
Burke VA 22015

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: SA11AI.9377

Amount of Each Receipt this Period 2000.00

Contribution

SUBTOTAL of Receipts This Page (optional) 3416.66

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:		PAGE 13 / 21	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)
PMA Group Political Action Committee

A.	Full Name (Last, First, Middle Initial) Judith Zink		Date of Receipt		
	Mailing Address 606 Second Street, #404		M M / D D / Y Y Y Y 03 / 04 / 2008		
	City Alexandria	State VA	Zip Code 22314	Transaction ID: SA11AI.9372	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 415.00		
	Name of Employer The PMA Group, Inc.	Occupation Associate		Monthly Payroll Contribution	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00			

SUBTOTAL of Receipts This Page (optional)	415.00
TOTAL This Period (last page this line number only)	24218.64

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"/> 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	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
BILL SHUSTER FOR CONGRESS

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 09

Transaction ID: SB23.9387

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
BRIAN HIGGINS FOR CONGRESS

Mailing Address PO BOX 28

City BUFFALO State NY Zip Code 14220

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NY District: 27

Transaction ID: SB23.9393

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
BUCK MCKEON FOR CONGRESS

Mailing Address PO BOX 2071

City SANTA CLARITA State CA Zip Code 91386

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 25

Transaction ID: SB23.9388

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL 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 15 / 21

<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	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.9402 Date of Disbursement
	Mailing Address PO BOX 1776	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City FREEDOM State PA Zip Code 15042	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08	Transaction ID: SB23.9389 Date of Disbursement
	Mailing Address 7300 HUDSON BLVD SUITE 270A	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City ST PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COSTELLO FOR CONGRESS COMMITTEE	Transaction ID: SB23.9404 Date of Disbursement
	Mailing Address P O BOX 8250	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City BELLEVILLE State IL Zip Code 62222	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) CRENSHAW FOR CONGRESS CAMPAIGN</p> <p>Mailing Address 5345 Ortega Boulevard Suite 11</p> <p>City Jacksonville State FL Zip Code 32210</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9386</p> <p>Date of Disbursement 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1300.00</p>
<p>B. Full Name (Last, First, Middle Initial) CRENSHAW FOR CONGRESS CAMPAIGN</p> <p>Mailing Address 5345 Ortega Boulevard Suite 11</p> <p>City Jacksonville State FL Zip Code 32210</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9390</p> <p>Date of Disbursement 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1200.00</p>
<p>C. Full Name (Last, First, Middle Initial) David Wu for Congress</p> <p>Mailing Address 625 SW 10TH AVE</p> <p>City PORTLAND State OR Zip Code 97205</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9384</p> <p>Date of Disbursement 03 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

TOTAL 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 17 / 21

<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	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) DRAKE FOR CONGRESS</p> <p>Mailing Address 57 E GAY ST</p> <p>City COLUMBUS State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9385</p> <p>Date of Disbursement 03 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) DRAKE FOR CONGRESS</p> <p>Mailing Address 57 E GAY ST</p> <p>City COLUMBUS State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9391</p> <p>Date of Disbursement 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN COMMITTEE</p> <p>Mailing Address P O BOX 1949</p> <p>City SPRINGFIELD State IL Zip Code 62705</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9401</p> <p>Date of Disbursement 03 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL 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	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Friends of Jerry Nadler	Transaction ID: SB23.9394 Date of Disbursement 03 / 27 / 2008
	Mailing Address 32 Union Square East Suite 406	Amount of Each Disbursement this Period 500.00
	City New York State NY Zip Code 10003	
	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: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM OBERSTAR	Transaction ID: SB23.9403 Date of Disbursement 03 / 31 / 2008
	Mailing Address 424 WARNER STREET NW	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF ZACH WAMP	Transaction ID: SB23.9395 Date of Disbursement 03 / 28 / 2008
	Mailing Address 651 E. Fourth St. Suite 200 651 E. Fourth St. Suite 200	Amount of Each Disbursement this Period 1000.00
	City Chattanooga State TN Zip Code 37403	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL 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	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) GALLEGLY FOR CONGRESS	Transaction ID: SB23.9405 Date of Disbursement
	Mailing Address PO BOX 940001	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City SIMI VALLEY State CA Zip Code 93094	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 23	

B.	Full Name (Last, First, Middle Initial) GERLACH, JIM	Transaction ID: SB23.9406 Date of Disbursement
	Mailing Address 649 Deep Hollow Lane	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Chester Springs State PA Zip Code 19425	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 06	

C.	Full Name (Last, First, Middle Initial) HONDA, MIKE	Transaction ID: SB23.9407 Date of Disbursement
	Mailing Address P.O. Box 8180 Suite 350	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City San Jose State CA Zip Code 95155	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 15	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 20 / 21

<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	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS	Transaction ID: SB23.9400 Date of Disbursement
	Mailing Address 1 BUSH STREET 11TH FLOOR	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City SAN FRANCISCO State CA Zip Code 94104	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NELSON, E BENJAMIN	Transaction ID: SB23.9398 Date of Disbursement
	Mailing Address 9738 FIELDCREST	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City OMAHA State NE Zip Code 68114	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) OBEY, DAVID R	Transaction ID: SB23.9396 Date of Disbursement
	Mailing Address 1212 Grand Avenue #32	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Wausau State WI Zip Code 54403	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 21 / 21

<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	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) SANCHEZ, LINDA	Transaction ID: SB23.9382
	Mailing Address 1212 S. Victory Blvd	Date of Disbursement MM / DD / YYYY 03 / 04 / 2008
	City BURBANK State CA Zip Code 91502	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: 39	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) STEPHEN F. LYNCH FOR CONGRESS	Transaction ID: SB23.9392
	Mailing Address 105 Farragut Road	Date of Disbursement MM / DD / YYYY 03 / 25 / 2008
	City South Boston State MA Zip Code 02127	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: MA District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

25500.00