

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 Arlington VA 22202 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2006 through 09 30 2006

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 Joseph S. Littleton, III

Signature of Treasurer Electronically Filed by Joseph S. Littleton, III Date 10 17 2006

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**

Write or Type Committee Name  
PMA Group Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		51383.36
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	30074.88									
(c) Total Receipts (from Line 19) .....	9621.98	148813.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	39696.86	200196.86								
7. Total Disbursements (from Line 31) .....	28000.00	188500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11696.86	11696.86								
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 800-424-9530  
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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	9621.98	148613.50
(i) Itemized (use Schedule A) .....	0.00	200.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9621.98	148813.50
(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) .....	9621.98	148813.50
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)) .....	9621.98	148813.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9621.98	148813.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	28000.00	188500.00
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))..	28000.00	188500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	28000.00	188500.00

**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 .....	9621.98	148813.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9621.98	148813.50
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) or 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

Full Name (Last, First, Middle Initial) <b>A.</b> Joe Boessen		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 5406 Willcoxon Tavern Court		Transaction ID: SA11A1.8402
City State Zip Code Fairfax VA 22032	Amount of Each Receipt this Period 415.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼	Aggregate Year-to-Date ▼ 3735.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Leo Clark		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 4411 Santa Clara Court		Transaction ID: SA11A1.8403
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 415.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer The PMA Group	Occupation Associate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3735.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dan Cunningham		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 7808 Creekside View Lane		Transaction ID: SA11A1.8401
City State Zip Code Springfield VA 22153	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2830.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 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

Full Name (Last, First, Middle Initial) <b>A.</b> Sean Fogarty		Date of Receipt MM / DD / YYYY 09 / 11 / 2006
Mailing Address 9506 Yawl Court		Transaction ID: SA11A1.8400
City Burke	State VA	Zip Code 22015
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
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	

Full Name (Last, First, Middle Initial) <b>B.</b> Jennifer Gorham		Date of Receipt MM / DD / YYYY 09 / 11 / 2006
Mailing Address 4669 Lawton Way, #304		Transaction ID: SA11A1.8405
City Alexandria	State VA	Zip Code 22311
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer The PMA Group, Inc.	Occupation Legislative Assistant	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mark Hamilton		Date of Receipt MM / DD / YYYY 09 / 11 / 2006
Mailing Address 6305 Blackburn Ford Drive		Transaction ID: SA11A1.8406
City Fairfax Station	State VA	Zip Code 22039
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 415.00	
Name of Employer The PMA Group	Occupation Associate	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1465.00
<b>TOTAL</b> 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 / 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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PMA Group Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Lynn Henselman		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 59 Beaver Lodge Road		Transaction ID: SA11A1.8407	
City State Zip Code Stafford VA 22556	Amount of Each Receipt this Period 416.66		
FEC ID number of contributing federal political committee. C	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) ▼	Aggregate Year-to-Date ▼ 3749.94		

Full Name (Last, First, Middle Initial) <b>B.</b> Gillian Jaeger		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 20748 Windmere Court		Transaction ID: SA11A1.8408	
City State Zip Code Potomac Falls VA 20165	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C	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) ▼	Aggregate Year-to-Date ▼ 3200.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Melissa Koloszar		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 106 S Wise Street		Transaction ID: SA11A1.8404	
City State Zip Code Arlington VA 22204	Amount of Each Receipt this Period 415.00		
FEC ID number of contributing federal political committee. C	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) ▼	Aggregate Year-to-Date ▼ 3320.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1231.66
<b>TOTAL</b> 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 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

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph S. Littleton, III, III		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address 79 Canterbury Drive		Transaction ID: SA11A1.8409	
City State Zip Code Stafford VA 22554	Amount of Each Receipt this Period 415.00		
FEC ID number of contributing federal political committee. <b>C</b>		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) ▼	Aggregate Year-to-Date ▼ 3735.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kevin Miller		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address 4220 Maple Ave		Transaction ID: SA11A1.8410	
City State Zip Code Fairfax VA 22032	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer PMA Group, Inc.	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Matt Miller		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address 229 10th Street, NE		Transaction ID: SA11A1.8411	
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 416.00		
FEC ID number of contributing federal political committee. <b>C</b>		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) ▼	Aggregate Year-to-Date ▼ 3728.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1231.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 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

Full Name (Last, First, Middle Initial) <b>A.</b> Brian Morgan		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 8611 Mallard View		Transaction ID: SA11A1.8412
City State Zip Code Fairfax Station VA 22039	Amount of Each Receipt this Period 415.00	
FEC ID number of contributing federal political committee. <b>C</b>		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) ▼	Aggregate Year-to-Date ▼ 3735.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Liz Roberts		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 211 11th Street, SE		Transaction ID: SA11A1.8413
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 416.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer The PMA Group	Occupation Associate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3744.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joe Spata		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 7850 Vervain Court		Transaction ID: SA11A1.8414
City State Zip Code Springfield VA 22152	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		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) ▼	Aggregate Year-to-Date ▼ 3600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1231.00
<b>TOTAL</b> 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 / 21
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Kelli Tomasulo		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006	
Mailing Address 2369 South Queen Street		Transaction ID: SA11A1.8417	
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Scott VandeSand		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address 6010 Washington Boulevard		Transaction ID: SA11A1.8415	
City State Zip Code Arlington VA 22205	Amount of Each Receipt this Period 416.66		
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼	Aggregate Year-to-Date ▼ 3333.28		

Full Name (Last, First, Middle Initial) <b>C.</b> Tom Veltri		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address 713 Hawkins Way		Transaction ID: SA11A1.8416	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 416.66		
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼	Aggregate Year-to-Date ▼ 3748.28		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1633.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	9621.98

**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 12 / 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

Full Name (Last, First, Middle Initial) <b>A. ALLEN, THOMAS H</b>		<b>Transaction ID: SB23.8433</b> Date of Disbursement
Mailing Address 237 OXFORD STREET SUITE 23		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City PORTLAND	State ME	Zip Code 04101
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District: 01		

Full Name (Last, First, Middle Initial) <b>B. BOYD FOR CONGRESS</b>		<b>Transaction ID: SB23.8436</b> Date of Disbursement
Mailing Address P.O. Box 15703 P.O. Box 15703		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Tallahassee	State FL	Zip Code 32317
Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>	
Candidate Name BOYD FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 02		

Full Name (Last, First, Middle Initial) <b>C. CHET EDWARDS FOR CONGRESS</b>		<b>Transaction ID: SB23.8439</b> Date of Disbursement
Mailing Address PO BOX 23273		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City WACO	State TX	Zip Code 76702
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. CONGRESSMAN BILL YOUNG CAMPAIGN COMMITTEE</b>		<b>Transaction ID: SB23.8448</b> Date of Disbursement
Mailing Address PO BOX 47025		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City ST PETERSBURG	State FL	Zip Code 33743
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 10		

Full Name (Last, First, Middle Initial) <b>B. CULBERSON FOR CONGRESS</b>		<b>Transaction ID: SB23.8443</b> Date of Disbursement
Mailing Address P.O. Box 41964		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City Houston	State TX	Zip Code 77241
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 07		

Full Name (Last, First, Middle Initial) <b>C. Friends of Ferguson</b>		<b>Transaction ID: SB23.8445</b> Date of Disbursement
Mailing Address 16 Mount Bethel Road #353		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City Warren	State NJ	Zip Code 07059
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3500.00"/>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JIM SAXTON</b>		<b>Transaction ID:</b> SB23.8440 Date of Disbursement
Mailing Address PO BOX 795		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City Mount Holly	State NJ	Zip Code 08060
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 03		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF ROBERT C BYRD COMMITTEE</b>		<b>Transaction ID:</b> SB23.8438 Date of Disbursement
Mailing Address 607 14TH STREET NW SUITE 800		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 00		

Full Name (Last, First, Middle Initial) <b>C. HAL ROGERS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.8419 Date of Disbursement
Mailing Address PO BOX 1214 EAST MT VERNON ST		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2006"/>
City SOMERSET	State KY	Zip Code 42502
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 05		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> 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)

<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

Full Name (Last, First, Middle Initial) <b>A. HATCH ELECTION COMMITTEE INC</b>		<b>Transaction ID: SB23.8429</b> Date of Disbursement
Mailing Address 175 SOUTH WEST TEMPLE SUITE 650		<input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="2006"/>
City SALT LAKE CITY	State UT	Zip Code 84101
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name HATCH ELECTION COMMITTEE INC		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT	District:	

Full Name (Last, First, Middle Initial) <b>B. IKE SKELTON FOR CONGRESS CMTE</b>		<b>Transaction ID: SB23.8422</b> Date of Disbursement
Mailing Address P.O. Box A		<input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="2006"/>
City Harrisonville	State MO	Zip Code 64701
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 04	

Full Name (Last, First, Middle Initial) <b>C. JIM COSTA FOR CONGRESS</b>		<b>Transaction ID: SB23.8421</b> Date of Disbursement
Mailing Address 2037 WEST BULLARD PMB #509		<input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="2006"/>
City FRESNO	State CA	Zip Code 93711
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. KAGEN 4 CONGRESS</b>		<b>Transaction ID: SB23.8455</b> Date of Disbursement
Mailing Address 100 WEST LAWRENCE STREET		<input type="text" value="09"/> <input type="text" value="28"/> / <input type="text" value="2006"/>
City APPLETON	State WI	Zip Code 54911
Purpose of Disbursement Contribution	<input type="text" value="500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 08		

Full Name (Last, First, Middle Initial) <b>B. KNOLLENBERG FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.8418</b> Date of Disbursement
Mailing Address 27867 ORCHARD LAKE ROAD		<input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="2006"/>
City FARMINGTON HILLS	State MI	Zip Code 48334
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 11		

Full Name (Last, First, Middle Initial) <b>C. LEWIS FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.8451</b> Date of Disbursement
Mailing Address PO BOX 247		<input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="2006"/>
City REDLANDS	State CA	Zip Code 92373
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 40		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE</b>		<b>Transaction ID: SB23.8452</b> Date of Disbursement MM / DD / YYYY 09 / 27 / 2006
Mailing Address P.O. Box 730 C/O C. BRUCE LAWRENCE		Amount of Each Disbursement this Period 500.00
City Honeoye State NY Zip Code 14471	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: 28		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MARK UDALL FOR CONGRESS INC.</b>		<b>Transaction ID: SB23.8428</b> Date of Disbursement MM / DD / YYYY 09 / 08 / 2006
Mailing Address 8690 Wolff Court #200		Amount of Each Disbursement this Period 1000.00
City Westminster State CO Zip Code 80031	Purpose of Disbursement Contribution Candidate Name Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MATSUI FOR CONGRESS</b>		<b>Transaction ID: SB23.8450</b> Date of Disbursement MM / DD / YYYY 09 / 26 / 2006
Mailing Address PO BOX 1738		Amount of Each Disbursement this Period 1000.00
City SACRAMENTO State CA Zip Code 95812	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: 05		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Full Name (Last, First, Middle Initial) <b>A. MCCONNELL SENATE COMMITTEE '08</b>		<b>Transaction ID: SB23.8432</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address PO BOX 1496		Amount of Each Disbursement this Period 1000.00
City LOUISVILLE State KY Zip Code 40201	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MELISSA BEAN FOR CONGRESS</b>		<b>Transaction ID: SB23.8442</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 203 FRANCES LANE		Amount of Each Disbursement this Period 1000.00
City BARRINGTON State IL Zip Code 60010	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MENENDEZ FOR SENATE</b>		<b>Transaction ID: SB23.8441</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 1000.00
City Union City State NJ Zip Code 07087	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements 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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. NITA LOWEY FOR CONGRESS</b>		<b>Transaction ID: SB23.8427</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address PO BOX 271		Amount of Each Disbursement this Period 500.00
City WHITE PLAINS	State NY	
Zip Code 10605		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 18	

Full Name (Last, First, Middle Initial) <b>B. NORM DICKS FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.8449</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address PO BOX 1663		Amount of Each Disbursement this Period 1000.00
City TACOMA	State WA	
Zip Code 98401		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WA District: 06	

Full Name (Last, First, Middle Initial) <b>C. PEOPLE WITH HART INC</b>		<b>Transaction ID: SB23.8437</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00
City Wexford	State PA	
Zip Code 15090		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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 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

Full Name (Last, First, Middle Initial) <b>A. RICHARD POMBO</b>		<b>Transaction ID: SB23.8454</b>	
Mailing Address 32931 S. TRACY BLVD.		Date of Disbursement MM / DD / YYYY 09 / 27 / 2006	
City TRACY	State CA	Zip Code 95377	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 11		

Full Name (Last, First, Middle Initial) <b>B. SCHWARTZ, ALLYSON</b>		<b>Transaction ID: SB23.8423</b>	
Mailing Address 7200 SHERMAN ST		Date of Disbursement MM / DD / YYYY 09 / 08 / 2006	
City PHILADELPHIA	State PA	Zip Code 19119	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 13		

Full Name (Last, First, Middle Initial) <b>C. SHERMAN FOR CONGRESS</b>		<b>Transaction ID: SB23.8424</b>	
Mailing Address 555 SOUTH FLOWER STREET SUITE 4510		Date of Disbursement MM / DD / YYYY 09 / 08 / 2006	
City LOS ANGELES	State CA	Zip Code 90071	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 24		

<b>SUBTOTAL</b> of Disbursements 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)

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

Full Name (Last, First, Middle Initial) <b>A. SIMPSON FOR CONGRESS</b>		<b>Transaction ID: SB23.8430</b>	
Mailing Address 131 N. OAK		Date of Disbursement MM / DD / YYYY 09 / 08 / 2006	
City BLACKFOOT	State ID ID	Zip Code 83221	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ID	District: 02		

Full Name (Last, First, Middle Initial) <b>B. TANCREDO FOR CONGRESS COMMITTEE INC</b>		<b>Transaction ID: SB23.8431</b>	
Mailing Address 5471 S ESTES ST		Date of Disbursement MM / DD / YYYY 09 / 08 / 2006	
City LITTLETON	State ID CO	Zip Code 80123	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CO	District: 06		

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

2000.00

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

28000.00