

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
The PMA Group, Inc. 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)
CITY **STATE** **ZIP CODE**

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 02 01 2009 through 02 12 2009

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 02 12 2009

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									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
The PMA Group, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
1	2

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		24820.44
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	29480.42									
(c) Total Receipts (from Line 19)	0.00	3659.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29480.42	28480.42								
7. Total Disbursements (from Line 31)	29423.00	28423.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57.42	57.42								
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
The PMA Group, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
1	2

Y	Y	Y	Y
2	0	0	9

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	0.00	3409.98
(i) Itemized (use Schedule A)	0.00	250.00
(ii) Unitemized	0.00	3659.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	3659.98
(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)	0.00	3659.98
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))	0.00	3659.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	3659.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	-1000.00
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	29423.00	29423.00
(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))	29423.00	29423.00
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))..	29423.00	28423.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29423.00	28423.00

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)	0.00	3659.98
34. Total Contribution Refunds (from Line 28(d))	29423.00	29423.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-29423.00	-25763.02
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 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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
The PMA Group, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Paul Ted Anderson Mailing Address 5594 Norham Drive City Alexandria State VA Zip Code 22310 Purpose of Disbursement Refund of contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.9719 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 1600.00
B.	Full Name (Last, First, Middle Initial) Paul Ted Anderson Mailing Address 5594 Norham Drive City Alexandria State VA Zip Code 22310 Purpose of Disbursement Refund of contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.9723 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 375.00
C.	Full Name (Last, First, Middle Initial) Joe Boessen Mailing Address 5406 Willcoxon Tavern Court City Fairfax State VA Zip Code 22032 Purpose of Disbursement Refund of contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.9709 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 682.00

SUBTOTAL of Disbursements This Page (optional)	2657.00
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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
The PMA Group, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Julie Giardina	Transaction ID: SB28A.9706 Date of Disbursement 02 / 10 / 2009
	Mailing Address 4500 S. 28th Road, Unit D	Amount of Each Disbursement this Period 1600.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement Refund of contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Julie Giardina	Transaction ID: SB28A.9726 Date of Disbursement 02 / 11 / 2009
	Mailing Address 4500 S. 28th Road, Unit D	Amount of Each Disbursement this Period 375.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement Refund of contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jennifer Gorham	Transaction ID: SB28A.9705 Date of Disbursement 02 / 10 / 2009
	Mailing Address 4669 Lawton Way, #304	Amount of Each Disbursement this Period 341.00
	City Alexandria State VA Zip Code 22311	
	Purpose of Disbursement Refund of contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2316.00
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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
The PMA Group, Inc. Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Jennifer Gorham</p> <p>Mailing Address 4669 Lawton Way, #304</p> <p>City Alexandria State VA Zip Code 22311</p> <p>Purpose of Disbursement Refund of contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.9722</p> <p>Date of Disbursement MM / DD / YYYY 02 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mark Hamilton</p> <p>Mailing Address 6305 Blackburn Ford Drive</p> <p>City Fairfax Station State VA Zip Code 22039</p> <p>Purpose of Disbursement Refund of contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.9713</p> <p>Date of Disbursement MM / DD / YYYY 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1600.00</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Rich Kaelin</p> <p>Mailing Address 13211 Dodie Drive</p> <p>City Darnestown State MD Zip Code 20878</p> <p>Purpose of Disbursement Refund of contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.9717</p> <p>Date of Disbursement MM / DD / YYYY 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1600.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3300.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
The PMA Group, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Melissa Koloszar Mailing Address 1138 N. Jackson Street City Arlington State VA Zip Code 22201 Purpose of Disbursement Refund of contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.9716 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9 Amount of Each Disbursement this Period 1600.00
B.	Full Name (Last, First, Middle Initial) Joseph S. Littleton, III, III Mailing Address 79 Canterbury Drive City Stafford State VA Zip Code 22554 Purpose of Disbursement Refund of contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.9710 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9 Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Mr. Mark J. Magliocchetti Mailing Address 2345 Crystal Drive Suite 300 City Arlington State VA Zip Code 22202 Purpose of Disbursement Refund of contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.9714 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9 Amount of Each Disbursement this Period 1600.00

SUBTOTAL of Disbursements This Page (optional)	3700.00
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 10 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
The PMA Group, Inc. Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Matt Miller</p> <p>Mailing Address 3825 Dittmar Drive</p> <p>City Arlington State VA Zip Code 22207</p> <p>Purpose of Disbursement Refund of contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.9715</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 4500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Matt Miller</p> <p>Mailing Address 3825 Dittmar Drive</p> <p>City Arlington State VA Zip Code 22207</p> <p>Purpose of Disbursement Refund of contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.9721</p> <p>Date of Disbursement 02 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Brian Morgan</p> <p>Mailing Address 8611 Mallard View</p> <p>City Fairfax Station State VA Zip Code 22039</p> <p>Purpose of Disbursement Refund of contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.9702</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1600.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6300.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
The PMA Group, Inc. Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Liz Roberts</p> <p>Mailing Address 211 11th Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Refund of contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.9707</p> <p>Date of Disbursement MM / DD / YYYY 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1600.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Liz Roberts</p> <p>Mailing Address 211 11th Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Refund of contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.9725</p> <p>Date of Disbursement MM / DD / YYYY 02 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 375.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. Charles Smith</p> <p>Mailing Address 4021 Vacation Lane</p> <p>City Arlington State VA Zip Code 22207</p> <p>Purpose of Disbursement Refund of contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.9708</p> <p>Date of Disbursement MM / DD / YYYY 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 800.00</p>

SUBTOTAL of Disbursements This Page (optional)	2775.00
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 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
The PMA Group, Inc. Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Joe Spata</p> <p>Mailing Address 7850 Vervain Court</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Refund of contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.9711</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1600.00</p>
<p>B. Full Name (Last, First, Middle Initial) Scott VandeSand</p> <p>Mailing Address 6010 Washington Boulevard</p> <p>City Arlington State VA Zip Code 22205</p> <p>Purpose of Disbursement Refund of contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.9718</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1600.00</p>
<p>C. Full Name (Last, First, Middle Initial) Tom Veltri</p> <p>Mailing Address 713 Hawkins Way</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Refund of contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.9720</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1600.00</p>

SUBTOTAL of Disbursements This Page (optional)	4800.00
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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
The PMA Group, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Glen Woods <hr/> Mailing Address 5602 Meridian Hill Place <hr/> City State Zip Code Burke VA 22015 <hr/> Purpose of Disbursement Refund of contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.9704 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1600.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Judith Zink <hr/> Mailing Address 606 Second Street, #404 <hr/> City State Zip Code Alexandria VA 22314 <hr/> Purpose of Disbursement Refund of contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.9712 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1600.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Judith Zink <hr/> Mailing Address 606 Second Street, #404 <hr/> City State Zip Code Alexandria VA 22314 <hr/> Purpose of Disbursement Refund of contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.9724 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 375.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3575.00
TOTAL This Period (last page this line number only) ▶	29423.00