

# 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 2006 through 03 31 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 04 07 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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

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 .....	96528.00									
(c) Total Receipts (from Line 19) .....	11221.98	81866.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	107749.98	133249.98								
7. Total Disbursements (from Line 31) .....	56000.00	81500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	51749.98	51749.98								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

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	11171.98	81766.62
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	50.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11221.98	81866.62
(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) .....	11221.98	81866.62
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)) .....	11221.98	81866.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11221.98	81866.62

**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.....	56000.00	81500.00
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))..	56000.00	81500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	56000.00	81500.00

**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) .....	11221.98	81866.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11221.98	81866.62
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 / 29
	<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 03 / 07 / 2006
Mailing Address 5406 Willcoxon Tavern Court		Transaction ID: SA11A1.8066
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 ▼ 1245.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Leo Clark		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 4411 Santa Clara Court		Transaction ID: SA11A1.8067
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 ▼ 1245.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dan Cunningham		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 7808 Creekside View Lane		Transaction ID: SA11A1.8086
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 ▼ 2000.00	

<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 / 29
	<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)  
Lynn Henselman

Mailing Address 59 Beaver Lodge Road

City State Zip Code  
Stafford VA 22556

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 ▼ 1249.98

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2006

Transaction ID: SA11A1.8073

Amount of Each Receipt this Period  
416.66

contribution

**B.** Full Name (Last, First, Middle Initial)  
Gillian Jaeger

Mailing Address 20748 Windmere Court

City State Zip Code  
Potomac Falls VA 20165

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 ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2006

Transaction ID: SA11A1.8074

Amount of Each Receipt this Period  
400.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Dennis Kedzior

Mailing Address 3086 Tudor Hall Road

City State Zip Code  
Riva MD 21140-1324

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 ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2006

Transaction ID: SA11A1.8068

Amount of Each Receipt this Period  
400.00

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1216.66
<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 8 / 29
	<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> Melissa Koloszar		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 106 S Wise Street		Transaction ID: SA11A1.8071	
City Arlington	State VA	Zip Code 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 ▼ 830.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph S. Littleton, III, III		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 79 Canterbury Drive		Transaction ID: SA11A1.8075	
City Stafford	State VA	Zip Code 22554	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 ▼ 1245.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Kevin Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 4220 Maple Ave		Transaction ID: SA11A1.8076	
City Fairfax	State VA	Zip Code 22032	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		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 ▼ 1200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<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 9 / 29
	<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> Matt Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 229 10th Street, NE		Transaction ID: SA11A1.8077
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 ▼ 1232.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Brian Morgan		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 8611 Mallard View		Transaction ID: SA11A1.8078
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 ▼ 1245.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Chuck Parkinson		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 7327 Laurel Creek Court		Transaction ID: SA11A1.8079
City State Zip Code Springfield VA 22150	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 ▼ 1245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1246.00
<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 / 29
	<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> Liz Roberts		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 211 11th Street, SE		Transaction ID: SA11A1.8080
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 ▼ 1248.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Briggs Shade		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 8920 Colesbury Place		Transaction ID: SA11A1.8087
City State Zip Code Fairfax VA 22031	Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joe Spata		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 7850 Vervain Court		Transaction ID: SA11A1.8081
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 ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1816.00
<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 11 / 29
	<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> Scott VandeSand		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2006
Mailing Address 6010 Washington Boulevard		Transaction ID: SA11A1.8082
City Arlington	State VA	Zip Code 22205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.66
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 ▼ 833.32	

Full Name (Last, First, Middle Initial) <b>B.</b> Tom Veltri		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2006
Mailing Address 713 Hawkins Way		Transaction ID: SA11A1.8083
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.66
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 ▼ 1248.32	

Full Name (Last, First, Middle Initial) <b>C.</b> Glen Woods		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2006
Mailing Address 5602 Meridian Hill Place		Transaction ID: SA11A1.8085
City Burke	State VA	Zip Code 22015
FEC ID number of contributing federal political committee. C		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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1833.32
<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:		PAGE 12 / 29	
	(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

Mailing Address 12505 Lolly Post Lane

City State Zip Code  
Woodbridge VA 22192

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 ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2006

Transaction ID: SA11A1.8084

Amount of Each Receipt this Period  
1000.00

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11171.98

**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 13 / 29

<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. DANIEL K AKAKA</b>		Transaction ID: SB23.8153 Date of Disbursement MM / DD / YYYY 03 / 30 / 2006	
Mailing Address PO BOX 3169		Amount of Each Disbursement this Period 1000.00	
City HONOLULU	State HI	Zip Code 96802	Category/ Type
Purpose of Disbursement contribution			
Candidate Name DANIEL K AKAKA			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	2006 <input checked="" type="checkbox"/> General	
State: HI	District: 00		

Full Name (Last, First, Middle Initial) <b>B. A LOT OF PEOPLE WHO SUPPORT BINGAMAN</b>		Transaction ID: SB23.8099 Date of Disbursement MM / DD / YYYY 03 / 02 / 2006	
Mailing Address PO BOX 16210		Amount of Each Disbursement this Period 1000.00	
City ALBUQUERQUE	State NM	Zip Code 87191	Category/ Type
Purpose of Disbursement contribution			
Candidate Name A LOT OF PEOPLE WHO SUPPORT BINGAMAN			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	2006 <input checked="" type="checkbox"/> General	
State: NM	District: 00		

Full Name (Last, First, Middle Initial) <b>C. CAPUANO FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.8102 Date of Disbursement MM / DD / YYYY 03 / 02 / 2006	
Mailing Address PO BOX 440305		Amount of Each Disbursement this Period 2000.00	
City SOMERVILLE	State MA	Zip Code 02144	Category/ Type
Purpose of Disbursement contribution			
Candidate Name CAPUANO FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	2006 <input checked="" type="checkbox"/> General	
State: MA	District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</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. CHET EDWARDS FOR CONGRESS</b>		<b>Transaction ID: SB23.8088</b> Date of Disbursement
Mailing Address PO BOX 23273		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City WACO	State TX	Zip Code 76702
Purpose of Disbursement contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name CHET EDWARDS 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: TX District: 11		

Full Name (Last, First, Middle Initial) <b>B. CHRIS CANNON FOR CONGRESS INC</b>		<b>Transaction ID: SB23.8100</b> Date of Disbursement
Mailing Address 310 SOUTH MAIN SUITE 1420		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City SALT LAKE CITY	State UT	Zip Code 84101
Purpose of Disbursement contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name CHRIS CANNON FOR CONGRESS INC	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: UT District: 03		

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER SHAYS FOR CONGRESS CMTE</b>		<b>Transaction ID: SB23.8142</b> Date of Disbursement
Mailing Address 98 East Avenue Rear Building 98 East Avenue Rear Building		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Norwalk	State CT	Zip Code 06851
Purpose of Disbursement contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name CHRISTOPHER SHAYS FOR CONGRESS CMTE	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: CT District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<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. CMTE TO RE-ELECT LORETTA SANCHEZ</b>		<b>Transaction ID: SB23.8123</b> Date of Disbursement
Mailing Address 601 S GLENOAKS BLVD. Suite 211		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City BURBANK	State CA	Zip Code 91502
Purpose of Disbursement contribution		Amount of Each Disbursement this Period
Candidate Name CMTE TO RE-ELECT LORETTA SANCHEZ		<input type="text" value="2000.00"/>
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: 47	

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO ELECT MCHUGH</b>		<b>Transaction ID: SB23.8103</b> Date of Disbursement
Mailing Address PO BOX 6161		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City WATERTOWN	State NY	Zip Code 13601
Purpose of Disbursement contribution		Amount of Each Disbursement this Period
Candidate Name COMMITTEE TO ELECT MCHUGH		<input type="text" value="1000.00"/>
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: NY	District: 24	

Full Name (Last, First, Middle Initial) <b>C. CUMMINGS FOR CONGRESS</b>		<b>Transaction ID: SB23.8145</b> Date of Disbursement
Mailing Address PO BOX 1631		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City BALTIMORE	State MD	Zip Code 21203
Purpose of Disbursement contribution		Amount of Each Disbursement this Period
Candidate Name CUMMINGS FOR CONGRESS		<input type="text" value="1000.00"/>
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: MD	District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<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. DOOLITTLE, JOHN T</b>		<b>Transaction ID: SB23.8149</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 2410 RAYBURN HOUSE OFFICE BLDG.		Amount of Each Disbursement this Period 1000.00
City FAIR OAKS State DC Zip Code 20515		
Purpose of Disbursement contribution Candidate Name DOOLITTLE, JOHN T 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: 04		

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH DOLE COMMITTEE INC</b>		<b>Transaction ID: SB23.8089</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address PO BOX 2918		Amount of Each Disbursement this Period 1000.00
City RALEIGH State NC Zip Code 27602		
Purpose of Disbursement contribution Candidate Name ELIZABETH DOLE COMMITTEE INC Category/Type		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 00		

Full Name (Last, First, Middle Initial) <b>C. FEINSTEIN FOR SENATE</b>		<b>Transaction ID: SB23.8096</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 601 S. GLENOAKS BLVD., SUITE 208		Amount of Each Disbursement this Period 2000.00
City BURBANK State CA Zip Code 91502		
Purpose of Disbursement contribution Candidate Name FEINSTEIN FOR SENATE 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: CA District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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. FRIENDS OF CAROLYN MCCARTHY</b>		<b>Transaction ID: SB23.8125</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 151 LINDEN ROAD		Amount of Each Disbursement this Period 2000.00
City MINEOLA State NY Zip Code 11501	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name FRIENDS OF CAROLYN MCCARTHY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	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. FRIENDS OF DON SHERWOOD</b>		<b>Transaction ID: SB23.8118</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 81 WARREN STREET		Amount of Each Disbursement this Period 2000.00
City TUNKHANNOCK State PA Zip Code 18657	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name FRIENDS OF DON SHERWOOD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	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. FRIENDS OF FRANK WOLF</b>		<b>Transaction ID: SB23.8110</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 710235 P.O. Box 3015		Amount of Each Disbursement this Period 1000.00
City Oak Hill State VA Zip Code 20171	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name FRIENDS OF FRANK WOLF		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	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) ..... ▶	5000.00
<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. FRIENDS OF JANE HARMAN</b>		<b>Transaction ID: SB23.8117</b> Date of Disbursement
Mailing Address 8665 WILSHIRE BLVD #220		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Disbursement contribution	<input type="text" value=""/>	
Candidate Name FRIENDS OF JANE HARMAN	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: 36		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JIM CLYBURN</b>		<b>Transaction ID: SB23.8114</b> Date of Disbursement
Mailing Address Post Office Box 12567		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Columbia	State SC	Zip Code 29211
Purpose of Disbursement contribution	<input type="text" value=""/>	
Candidate Name FRIENDS OF JIM CLYBURN	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: SC District: 06		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JIM MARSHALL</b>		<b>Transaction ID: SB23.8154</b> Date of Disbursement
Mailing Address P.O. B0x 125		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Macon	State GA	Zip Code 31201
Purpose of Disbursement contribution	<input type="text" value=""/>	
Candidate Name FRIENDS OF JIM MARSHALL	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: GA District: 03		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<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" value=""/>

**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 19 / 29

<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 JOE PITTS</b>		<b>Transaction ID:</b> SB23.8146 Date of Disbursement
Mailing Address PO BOX 216		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Unionville	State PA	Zip Code 19375
Purpose of Disbursement contribution	<input type="text" value="1000.00"/>	
Candidate Name FRIENDS OF JOE PITTS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 16		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF LOIS CAPP</b>		<b>Transaction ID:</b> SB23.8095 Date of Disbursement
Mailing Address PO Box 23940		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Santa Barbara	State CA	Zip Code 93121
Purpose of Disbursement contribution	<input type="text" value="1000.00"/>	
Candidate Name FRIENDS OF LOIS CAPP	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: 23		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF ZACH WAMP</b>		<b>Transaction ID:</b> SB23.8124 Date of Disbursement
Mailing Address 651 E. Fourth St. Suite 200 651 E. Fourth St. Suite 200		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Chattanooga	State TN	Zip Code 37403
Purpose of Disbursement contribution	<input type="text" value="2000.00"/>	
Candidate Name FRIENDS OF ZACH WAMP	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: TN District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<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. GEOFF DAVIS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.8091 Date of Disbursement
Mailing Address 3161 Dixie Highway Suite F		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Erlanger	State KY	Zip Code 41018
Purpose of Disbursement contribution		Amount of Each Disbursement this Period
Candidate Name GEOFF DAVIS FOR CONGRESS		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Jim Gerlach</b>		<b>Transaction ID:</b> SB23.8131 Date of Disbursement
Mailing Address 649 Deep Hollow Lane		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Chester Springs	State PA	Zip Code 19425
Purpose of Disbursement contribution		Amount of Each Disbursement this Period
Candidate Name Jim Gerlach		<input type="text" value="1000.00"/>
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: 06	

Full Name (Last, First, Middle Initial) <b>C. HAYES FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.8139 Date of Disbursement
Mailing Address 102 CHURCH ST N		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City CONCORD	State NC	Zip Code 28025
Purpose of Disbursement contribution		Amount of Each Disbursement this Period
Candidate Name HAYES FOR CONGRESS		<input type="text" value="1000.00"/>
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: NC	District: 08	

<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)

PAGE 21 / 29

<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. HEATHER WILSON FOR CONGRESS</b>		<b>Transaction ID: SB23.8105</b> Date of Disbursement
Mailing Address PO BOX 14070		<input type="text" value="03"/> <input type="text" value="02"/> / <input type="text" value="2006"/>
City ALBUQUERQUE	State NM	Zip Code 87191
Purpose of Disbursement contribution	<input type="text" value="1000.00"/>	
Candidate Name HEATHER WILSON 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: NM District: 01		

Full Name (Last, First, Middle Initial) <b>B. HEATHER WILSON FOR CONGRESS</b>		<b>Transaction ID: SB23.8151</b> Date of Disbursement
Mailing Address PO BOX 14070		<input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="2006"/>
City ALBUQUERQUE	State NM	Zip Code 87191
Purpose of Disbursement contribution	<input type="text" value="1000.00"/>	
Candidate Name HEATHER WILSON 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: NM District: 01		

Full Name (Last, First, Middle Initial) <b>C. IKE SKELTON FOR CONGRESS CMTE</b>		<b>Transaction ID: SB23.8107</b> Date of Disbursement
Mailing Address P.O. Box A		<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="2006"/>
City Harrisonville	State MO	Zip Code 64701
Purpose of Disbursement contribution	<input type="text" value="1000.00"/>	
Candidate Name IKE SKELTON FOR CONGRESS CMTE	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 04		

<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. KAPTUR FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.8140 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address P O BOX 899		Amount of Each Disbursement this Period 1000.00
City TOLEDO State OH Zip Code 43691	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name KAPTUR FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. KAPTUR FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.8141 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address P O BOX 899		Amount of Each Disbursement this Period 1000.00
City TOLEDO State OH Zip Code 43691	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name KAPTUR FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09	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. KENNEDY FOR SENATE 2006</b>		<b>Transaction ID:</b> SB23.8111 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 301 4TH ST NE SUITE 202		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name KENNEDY FOR SENATE 2006		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	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) ..... ▶	3000.00
<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 23 / 29

<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. RAY LAHOOD</b>		<b>Transaction ID: SB23.8147</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6	
Mailing Address 5612 West Grande Circle		Amount of Each Disbursement this Period 1000.00	
City Peoria State IL Zip Code 61615	Purpose of Disbursement contribution Candidate Name RAY LAHOOD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			
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. LUNGREN FOR CONGRESS</b>		<b>Transaction ID: SB23.8120</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6	
Mailing Address 9321 Silverbend Lane		Amount of Each Disbursement this Period 1000.00	
City Elk Grove State CA Zip Code 95624	Purpose of Disbursement contribution Candidate Name LUNGREN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MELISSA BEAN FOR CONGRESS</b>		<b>Transaction ID: SB23.8130</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6	
Mailing Address 203 FRANCES LANE		Amount of Each Disbursement this Period 500.00	
City BARRINGTON State IL Zip Code 60010	Purpose of Disbursement contribution Candidate Name MELISSA BEAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input 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. MENENDEZ FOR SENATE</b>		Transaction ID: SB23.8126 Date of Disbursement
Mailing Address P.O. Box 848		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Union City	State NJ	Zip Code 07087
Purpose of Disbursement contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name MENENDEZ FOR SENATE	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: NJ District: 13		

Full Name (Last, First, Middle Initial) <b>B. Allan Mollohan</b>		Transaction ID: SB23.8137 Date of Disbursement
Mailing Address 727 Mt. Vernon Avenue		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Fairmont	State WV	Zip Code 26554
Purpose of Disbursement contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name Allan Mollohan	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: WV District: 01		

Full Name (Last, First, Middle Initial) <b>C. NANCY PELOSI FOR CONGRESS</b>		Transaction ID: SB23.8108 Date of Disbursement
Mailing Address 1 BUSH STREET 11TH FLOOR		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name NANCY PELOSI FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 08		

<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. NANCY PELOSI FOR CONGRESS</b>		<b>Transaction ID: SB23.8109</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 1 BUSH STREET 11TH FLOOR		Amount of Each Disbursement this Period 500.00
City SAN FRANCISCO State CA Zip Code 94104	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name NANCY PELOSI FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA 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>B. NITA LOWEY FOR CONGRESS</b>		<b>Transaction ID: SB23.8133</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 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 NITA LOWEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	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. REHBERG FOR CONGRESS</b>		<b>Transaction ID: SB23.8129</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address PO BOX 1597		Amount of Each Disbursement this Period 500.00
City HELENA State MT Zip Code 59624	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name REHBERG FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	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) ..... ▶	1500.00
<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 26 / 29

<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. REYNOLDS FOR CONGRESS</b>		<b>Transaction ID: SB23.8093</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address PO Box 479 PITTSFORD		Amount of Each Disbursement this Period 1000.00
City Victor State NY Zip Code 14564		
Purpose of Disbursement contribution Candidate Name REYNOLDS FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Category/ Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SANTORUM 2006</b>		<b>Transaction ID: SB23.8094</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address ONE TOWER BRIDGE SUITE 1440		Amount of Each Disbursement this Period 1000.00
City WEST CONSHOHOCKEN State PA Zip Code 19428		
Purpose of Disbursement contribution Candidate Name Santorum 2006 Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Category/ Type	
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. SCHIFF FOR CONGRESS</b>		<b>Transaction ID: SB23.8116</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814		
Purpose of Disbursement contribution Candidate Name SCHIFF FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27	Category/ Type	
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) ..... ▶	3000.00
<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. SHERMAN FOR CONGRESS</b>		Transaction ID: SB23.8104 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 555 SOUTH FLOWER STREET SUITE 4510		Amount of Each Disbursement this Period 1000.00
City LOS ANGELES State CA Zip Code 90071	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name SHERMAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24	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. STEVE ISRAEL FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.8106 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 15 ORMOND STREET		Amount of Each Disbursement this Period 1000.00
City DIX HILLS State NY Zip Code 11746	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name STEVE ISRAEL FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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. STEVENS FOR SENATE COMMITTEE</b>		Transaction ID: SB23.8128 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address PO BOX 100879		Amount of Each Disbursement this Period 1000.00
City ANCHORAGE State AK Zip Code 99510	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name STEVENS FOR SENATE COMMITTEE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

<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. THELMA DRAKE FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.8112
Mailing Address P.O. Box 61480		Date of Disbursement MM / DD / YYYY 03 / 14 / 2006
City Virginia Beach	State VA	Zip Code 23466
Purpose of Disbursement contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name THELMA DRAKE 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: VA District: 02		

Full Name (Last, First, Middle Initial) <b>B. TIM BISHOP FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.8152
Mailing Address PO Box 437		Date of Disbursement MM / DD / YYYY 03 / 30 / 2006
City Farmingville	State NY	Zip Code 11738
Purpose of Disbursement contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name TIM BISHOP 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: NY District: 1		

Full Name (Last, First, Middle Initial) <b>C. TURNER FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.8134
Mailing Address 131 N. Ludlow Street Suite 317		Date of Disbursement MM / DD / YYYY 03 / 27 / 2006
City Dayton	State OH	Zip Code 45402
Purpose of Disbursement contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name TURNER 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: OH District: 03		

<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 29 / 29

<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. VISCLOSKY FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.8122</b> Date of Disbursement
Mailing Address P O BOX 10003		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City MERRILLVILLE	State IN	Zip Code 46411
Purpose of Disbursement contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name VISCLOSKY FOR CONGRESS COMMITTEE	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: IN District: 01		

Full Name (Last, First, Middle Initial) <b>B. WALSH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.8098</b> Date of Disbursement
Mailing Address 306 WINKWORTH PARKWAY		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City SYRACUSE	State NY	Zip Code 13215
Purpose of Disbursement contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name WALSH FOR CONGRESS COMMITTEE	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: NY District: 25		

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

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