

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

The PMA Group, Inc. Political Action Committee

ADDRESS (number and street)

2345 Crystal Drive

(Check if address is changed)

Suite 300

Arlington

VA

22202

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

pmapac@thepmagroup.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.thepmagroup.com

COMMITTEE'S FAX NUMBER

7034150182

2. DATE

MM / DD / YYYY  
02 / 04 / 2007

3. FEC IDENTIFICATION NUMBER

C C00280321

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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 MM / DD / YYYY  
04 / 15 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**The PMA Group, Inc.** \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address **2345 Crystal Drive**  
**Suite 300**  
**Arlington** **VA** **22202**  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected Org** \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**The PMA Group, Inc. Political Action Committee**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mr. Matthew L. Miller**

Mailing Address **2345 Crystal Drive**  
**Suite 300**  
**Arlington VA 22202**

Title or Position ▼ **Treasurer** CITY ▲ **Arlington** STATE ▲ **VA** ZIP CODE ▲ **22202**

Telephone number **703 415 0344**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mr. Matthew L. Miller**

Mailing Address **2345 Crystal Drive**  
**Suite 300**  
**Arlington VA 22202**

Title or Position ▼ **Treasurer** CITY ▲ **Arlington** STATE ▲ **VA** ZIP CODE ▲ **22202**

Telephone number **703 415 0344**

Full Name of Designated Agent **Ms. Kaylene H. Green**

Mailing Address **2345 Crystal Drive**  
**Suite 300**  
**Arlington VA 22202**

Title or Position ▼ **Assistant Treasurer** CITY ▲ **Arlington** STATE ▲ **VA** ZIP CODE ▲ **22202**

Telephone number **703 415 0344**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

P.O. Box 27025

Regional Center VA2-125-04-01

Richmond

VA

23261

7025

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_-

\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

**Name of Any Connected Organization or Affiliated Committee**

[ ADDITIONAL ]

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_

\_\_\_\_-

\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

**Designated Agent**

[ ADDITIONAL ]

Full Name **Mr. Mark J. Magliocchetti**

Mailing Address **2345 Crystal Drive**

**Suite 300**

**Arlington VA 22202**

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**Assistant Treasurer** Telephone number **703 415 0344**