

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 2007 through 03 31 2007

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 11 2007

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	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">58062.80</td></tr></table>	58062.80
Y	Y	Y	Y									
2	0	0	7									
58062.80												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">49636.74</td></tr></table>	49636.74										
49636.74												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">10251.96</td></tr></table>	10251.96	<table border="1" style="width: 100%;"><tr><td align="center">86825.90</td></tr></table>	86825.90								
10251.96												
86825.90												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="center">59888.70</td></tr></table>	59888.70	<table border="1" style="width: 100%;"><tr><td align="center">144888.70</td></tr></table>	144888.70								
59888.70												
144888.70												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">44500.00</td></tr></table>	44500.00	<table border="1" style="width: 100%;"><tr><td align="center">129500.00</td></tr></table>	129500.00								
44500.00												
129500.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="center">15388.70</td></tr></table>	15388.70	<table border="1" style="width: 100%;"><tr><td align="center">15388.70</td></tr></table>	15388.70								
15388.70												
15388.70												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
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	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	10201.96	86675.90
(i) Itemized (use Schedule A)		
(ii) Unitemized	50.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10251.96	86825.90
(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)	10251.96	86825.90
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))	10251.96	86825.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10251.96	86825.90

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)	0.00	0.00
(i) Federal Share.....		
(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.....	44500.00	129500.00
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))..	44500.00	129500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	44500.00	129500.00

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)	10251.96	86825.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10251.96	86825.90
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 / 25
	<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) A. Paul Ted Anderson		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 5594 Norham Drive		Transaction ID: SA11A1.8768	
City Alexandria	State VA	Zip Code 22310	Amount of Each Receipt this Period 416.66
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer The PMA Group, Inc.	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32		

Full Name (Last, First, Middle Initial) B. Joe Boessen		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 5406 Willcoxon Tavern Court		Transaction ID: SA11A1.8769	
City Fairfax	State VA	Zip Code 22032	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) C. Leo Clark		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 4411 Santa Clara Court		Transaction ID: SA11A1.8770	
City Fairfax	State VA	Zip Code 22030	Amount of Each Receipt this Period 415.00
FEC ID number of contributing federal political committee. C		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		

SUBTOTAL of Receipts This Page (optional) ▶	1246.66
TOTAL 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 / 25
	<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) A. Dan Cunningham		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007	
Mailing Address 7808 Creekside View Lane		Transaction ID: SA11A1.8771	
City State Zip Code Springfield VA 22153	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. Sean Fogarty		Date of Receipt M M / D D / Y Y Y Y Y 03 / 12 / 2007	
Mailing Address 9506 Yawl Court		Transaction ID: SA11A1.8789	
City State Zip Code Burke VA 22015	Amount of Each Receipt this Period 1000.00		
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mark Hamilton		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007	
Mailing Address 6305 Blackburn Ford Drive		Transaction ID: SA11A1.8774	
City State Zip Code Fairfax Station VA 22039	Amount of Each Receipt this Period 415.00		
FEC ID number of contributing federal political committee. C	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		

SUBTOTAL of Receipts This Page (optional) ▶	1830.00
TOTAL 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 8 / 25
	<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)
John Hawkins

Mailing Address 2123 Apple Tree Lane

City State Zip Code
Silver Spring MD 20905

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: SA11A1.8775

Amount of Each Receipt this Period
250.00

Contribution

B. 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 Occupation
The PMA Group, Inc. Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: SA11A1.8776

Amount of Each Receipt this Period
416.66

Contribution

C. 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 Occupation
The PMA Group, Inc. Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: SA11A1.8777

Amount of Each Receipt this Period
400.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1066.66
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 25
	<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) A. Melissa Koloszar		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 106 S Wise Street		Transaction ID: SA11A1.8772	
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 ▼ 1245.00		

Full Name (Last, First, Middle Initial) B. Joseph S. Littleton, III, III		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 79 Canterbury Drive		Transaction ID: SA11A1.8778	
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) C. Kevin Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 4220 Maple Ave		Transaction ID: SA11A1.8779	
City Fairfax	State VA	Zip Code 22032	Amount of Each Receipt this Period 416.66
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 ▼ 1233.32		

SUBTOTAL of Receipts This Page (optional) ▶	1246.66
TOTAL 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 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Matt Miller

Mailing Address 229 10th Street, NE

City State Zip Code
Washington DC 20002

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 ▼ 1248.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: SA11A1.8780

Amount of Each Receipt this Period
416.00

Contribution

B. Full Name (Last, First, Middle Initial)
Brian Morgan

Mailing Address 8611 Mallard View

City State Zip Code
Fairfax Station VA 22039

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 ▼ 1245.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: SA11A1.8781

Amount of Each Receipt this Period
415.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Stan O'Connor

Mailing Address 2046 Farragut Drive

City State Zip Code
Stafford VA 22554

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

Name of Employer The PMA Group Occupation Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: SA11A1.8782

Amount of Each Receipt this Period
416.66

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1247.66
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 25
	<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) A. Liz Roberts		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 211 11th Street, SE		Transaction ID: SA11A1.8783
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 416.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer The PMA Group Occupation Associate	Aggregate Year-to-Date ▼ 1248.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Briggs Shade		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 8920 Colesbury Place		Transaction ID: SA11A1.8791
City State Zip Code Fairfax VA 22031	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer The PMA Group, Inc. Occupation Associate	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joe Spata		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 7850 Vervain Court		Transaction ID: SA11A1.8784
City State Zip Code Springfield VA 22152	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer The PMA Group, Inc. Occupation Associate	Aggregate Year-to-Date ▼ 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1316.00
TOTAL 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 12 / 25
	<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)
Scott VandeSand

Mailing Address 6010 Washington Boulevard

City State Zip Code
Arlington VA 22205

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

Name of Employer Occupation
The PMA Group, Inc. Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: SA11A1.8785

Amount of Each Receipt this Period
416.66

Contribution

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

Mailing Address 713 Hawkins Way

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
The PMA Group, Inc. Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: SA11A1.8786

Amount of Each Receipt this Period
416.66

Contribution

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

Mailing Address 5602 Meridian Hill Place

City State Zip Code
Burke VA 22015

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

Name of Employer Occupation
The PMA Group, Inc. Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2007

Transaction ID: SA11A1.8790

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1833.32
TOTAL 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 13 / 25	
	(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 ▼
830.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2007

Transaction ID: SA11A1.8787

Amount of Each Receipt this Period
415.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	415.00
TOTAL This Period (last page this line number only)	▶	10201.96

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) A. Adam ADAM SMITH FOR CONGRESS		Transaction ID: SB23.8834 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 2620 174TH AVENUE NE		Amount of Each Disbursement this Period 1000.00
City REDMOND State WA Zip Code 98052	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. ANNA ESHOO FOR CONGRESS		Transaction ID: SB23.8792 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
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 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. BISHOP, SANFORD D JR.		Transaction ID: SB23.8846 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 1909 Devon Drive		Amount of Each Disbursement this Period 2000.00
City Albany State GA Zip Code 31707	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 25

<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) A. BRIAN HIGGINS FOR CONGRESS		Transaction ID: SB23.8835 Date of Disbursement																					
Mailing Address PO BOX 28		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	0		2	0	0	7														
City BUFFALO	State NY	Zip Code 14220	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input 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: NY	District: 27																						

Full Name (Last, First, Middle Initial) B. CAMPBELL FOR CONGRESS		Transaction ID: SB23.8844 Date of Disbursement																					
Mailing Address 4590 MacArthur Blvd. Suite 500		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	7														
City Irvine	State CA	Zip Code 92660	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input 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: CA	District: 48																						

Full Name (Last, First, Middle Initial) C. CIRO D. RODRIGUEZ FOR CONGRESS		Transaction ID: SB23.8832 Date of Disbursement																					
Mailing Address PO Box 14528		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	2		2	0	0	7														
City San Antonio	State TX	Zip Code 78214	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	500.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input 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: TX	District: 23																						

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. CITIZENS FOR HARKIN		Transaction ID: SB23.8837 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address P O BOX 811		Amount of Each Disbursement this Period 1000.00
City DES MOINES State IA Zip Code 50304	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT MCHUGH		Transaction ID: SB23.8821 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address PO BOX 6161		Amount of Each Disbursement this Period 1500.00
City WATERTOWN State NY Zip Code 13601	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. CRENSHAW FOR CONGRESS CAMPAIGN		Transaction ID: SB23.8802 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address 5345 Ortega Boulevard Suite 11		Amount of Each Disbursement this Period 2500.00
City Jacksonville State FL Zip Code 32210	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. DAVIS FOR CONGRESS/FRIENDS OF DAVIS		Transaction ID: SB23.8841
Mailing Address 5956 W. Race Avenue		Date of Disbursement MM / DD / YYYY 03 / 20 / 2007
City Chicago	State IL	Zip Code 60644
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 500.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input 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: IL	District: 07	

Full Name (Last, First, Middle Initial) B. FRIENDS OF BUD CRAMER		Transaction ID: SB23.8836
Mailing Address POB BOX 2621		Date of Disbursement MM / DD / YYYY 03 / 20 / 2007
City HUNTSVILLE	State AL	Zip Code 35801
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL	District: 05	

Full Name (Last, First, Middle Initial) C. FRIENDS OF DICK DURBIN COMMITTEE		Transaction ID: SB23.8817
Mailing Address P O BOX 1949		Date of Disbursement MM / DD / YYYY 03 / 09 / 2007
City SPRINGFIELD	State IL	Zip Code 62705
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name	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: IL	District: 00	

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF LOIS CAPPS		Transaction ID: SB23.8826 Date of Disbursement
Mailing Address PO Box 23940		<input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="2007"/>
City Santa Barbara	State CA	Zip Code 93121
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input 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: CA	District: 23	

Full Name (Last, First, Middle Initial) B. FRIENDS OF MARY LANDRIEU INC		Transaction ID: SB23.8812 Date of Disbursement
Mailing Address 607 14TH STREET NW SUITE 800 SUITE 1434		<input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
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: LA	District: 00	

Full Name (Last, First, Middle Initial) C. FRIENDS OF MAZIE HIRONO		Transaction ID: SB23.8823 Date of Disbursement
Mailing Address PO BOX 677		<input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="2007"/>
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input 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: HI	District: 2	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF RAY LAHOOD		Transaction ID: SB23.8796 Date of Disbursement																					
Mailing Address 4238 N Knoxville Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	1		2	0	0	7														
City Peoria	State IL	Zip Code 61614	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input 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: IL	District: 18																						

Full Name (Last, First, Middle Initial) B. HULSHOF FOR CONGRESS - DISTRICT 09 MISSOURI		Transaction ID: SB23.8816 Date of Disbursement																					
Mailing Address PO Box 1621		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	7														
City Columbia	State MO	Zip Code 65205	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input 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: MO	District: 09																						

Full Name (Last, First, Middle Initial) C. INSLEE FOR CONGRESS		Transaction ID: SB23.8819 Date of Disbursement																					
Mailing Address 579 AZALEA NE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	7														
City BAINBRIDGE	State WA	Zip Code 98110	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input 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: WA	District: 01																						

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. KAPTUR FOR CONGRESS		Transaction ID: SB23.8811 Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address P O BOX 899		Amount of Each Disbursement this Period 2000.00
City TOLEDO State OH Zip Code 43691	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. LARSON, JOHN B		Transaction ID: SB23.8800 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 1887 OLD MAIN STREET		Amount of Each Disbursement this Period 1000.00
City EAST HARTFORD State CT Zip Code 06108	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. LEWIS FOR CONGRESS COMMITTEE		Transaction ID: SB23.8805 Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address PO BOX 247		Amount of Each Disbursement this Period 4000.00
City REDLANDS State CA Zip Code 92373	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE		Transaction ID: SB23.8843 Date of Disbursement MM / DD / YYYY 03 / 21 / 2007
Mailing Address P.O. Box 730 C/O C. BRUCE LAWRENCE		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
City Honeoye	State NY Zip Code 14471	
Purpose of Disbursement Contribution		Category/ Type <input type="text"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input 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: NY District: 28		

Full Name (Last, First, Middle Initial) B. Jim MATHESON FOR CONGRESS		Transaction ID: SB23.8794 Date of Disbursement MM / DD / YYYY 03 / 01 / 2007
Mailing Address 677 SOUTH 200 WEST SUITE A		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
City SALT LAKE CITY	State UT Zip Code 84101	
Purpose of Disbursement Contribution		Category/ Type <input type="text"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input 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: UT District: 02		

Full Name (Last, First, Middle Initial) C. MCCAUL, MICHAEL		Transaction ID: SB23.8827 Date of Disbursement MM / DD / YYYY 03 / 09 / 2007
Mailing Address 2004 San Miguel		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
City Austin	State TX Zip Code 78746	
Purpose of Disbursement Contribution		Category/ Type <input type="text"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input 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: TX District: 10		

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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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) A. MCCOLLUM FOR CONGRESS		Transaction ID: SB23.8808 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 14131		Amount of Each Disbursement this Period 1000.00
City St. Paul State MN Zip Code 55114	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. MCNERNEY FOR CONGRESS		Transaction ID: SB23.8829 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95841	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. NITA LOWEY FOR CONGRESS		Transaction ID: SB23.8839 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address PO BOX 271		Amount of Each Disbursement this Period 1000.00
City WHITE PLAINS State NY Zip Code 10605	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. REYES COMMITTEE, INC., THE

Full Name (Last, First, Middle Initial)
Mailing Address 1011 Montana Ave.

Transaction ID: SB23.8804

Date of Disbursement
MM / DD / YYYY
03 / 06 / 2007

City State Zip Code
El Paso TX 79901

Amount of Each Disbursement this Period
2000.00

Purpose of Disbursement Contribution
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: TX District: 16

B. SCHIFF FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 555 Capitol Mall Suite 1425

Transaction ID: SB23.8797

Date of Disbursement
MM / DD / YYYY
03 / 01 / 2007

City State Zip Code
Sacramento CA 95814

Amount of Each Disbursement this Period
1000.00

Purpose of Disbursement Contribution
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: CA District: 27

C. STEVE ISRAEL FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 15 ORMOND STREET

Transaction ID: SB23.8831

Date of Disbursement
MM / DD / YYYY
03 / 09 / 2007

City State Zip Code
DIX HILLS NY 11746

Amount of Each Disbursement this Period
1000.00

Purpose of Disbursement Contribution
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: NY District: 02

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. TEAM EMERSON FOR JO ANN EMERSON		Transaction ID: SB23.8798 Date of Disbursement 03 / 02 / 2007
Mailing Address P.O. Box 822		Amount of Each Disbursement this Period 2000.00
City Cape Girardeau	State MO	
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 08	

Full Name (Last, First, Middle Initial) B. TIM BISHOP FOR CONGRESS		Transaction ID: SB23.8838 Date of Disbursement 03 / 20 / 2007
Mailing Address PO Box 437		Amount of Each Disbursement this Period 1000.00
City Farmingville	State NY	
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 1	

Full Name (Last, First, Middle Initial) C. TIM RYAN FOR CONGRESS		Transaction ID: SB23.8840 Date of Disbursement 03 / 20 / 2007
Mailing Address 438 North Rhodes Ave.		Amount of Each Disbursement this Period 2000.00
City Niles	State OH	
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 17	

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. TURNER FOR CONGRESS		Transaction ID: SB23.8818 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 131 N. Ludlow Street Suite 317		Amount of Each Disbursement this Period 1000.00
City Dayton State OH Zip Code 45402	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. VAN HOLLEN FOR CONGRESS		Transaction ID: SB23.8807 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 3514 FARRAGUT AVENUE		Amount of Each Disbursement this Period 1000.00
City KENSINGTON State MD Zip Code 20895	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. VOINOVICH FOR SENATE COMMITTEE		Transaction ID: SB23.8825 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 865 MACON ALLEY		Amount of Each Disbursement this Period 1000.00
City COLUMBUS State OH Zip Code 43206	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	44500.00