

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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) CONGRESSMAN BILL YOUNG CAMPAIGN COMMITTEE Mailing Address PO BOX 47025 City ST PETERSBURG State FL Zip Code 33743 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.7100 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 4 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN Mailing Address P.O. BOX 37 City ST. CLAIR State PA Zip Code 17970 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.7113 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 4 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) FRIENDS OF DUKE CUNNINGHAM Mailing Address 4710 FOURTH ST #100 City LA MESA State CA Zip Code 91941 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 51 | Transaction ID: SB23.7114 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 4 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type |

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