

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee**

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

The PMA Group, Inc. Political Action Committee

ADDRESS (number and street) 2345 Crystal Drive  
Suite 300

Check if different than previously reported. (ACC)

Arlington VA 22202

2. **FEC IDENTIFICATION NUMBER** C00280321

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input checked="" type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election Report for the:**

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election Report for the:**

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 06 01 2005 through 06 30 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Matthew L. Miller

Signature of Treasurer Electronically Filed by Mr. Matthew L. Miller Date 03 30 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only								
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		16174.84
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	4488.12									
(c) Total Receipts (from Line 19) .....	15139.32	111702.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	19627.44	127877.44								
7. Total Disbursements (from Line 31) .....	19000.00	127250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	627.44	627.44								
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  
The PMA Group, Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	15139.32	111702.60
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	15139.32	111702.60
(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) .....	15139.32	111702.60
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)) .....	15139.32	111702.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15139.32	111702.60

**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.....	19000.00	127250.00
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))..	19000.00	127250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	127250.00

**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) .....	15139.32	111702.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15139.32	111702.60
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:	PAGE 6 / 17
(check only one)	
<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"/>	<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)  
The PMA Group, Inc. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Bill Berl	Date of Receipt MM / DD / YYYY 06 / 03 / 2005
	Mailing Address 7 Hawthorne Court	<b>Transaction ID:</b> SA11AI.7687
	City State Zip Code Stafford VA 22554	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation The PMA Group, Inc. Associate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joe Boessen	Date of Receipt MM / DD / YYYY 06 / 03 / 2005
	Mailing Address 5406 Willcoxon Tavern Court	<b>Transaction ID:</b> SA11AI.7688
	City State Zip Code Fairfax VA 22032	Amount of Each Receipt this Period 415.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation The PMA Group, Inc. Associate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2490.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Leo Clark	Date of Receipt MM / DD / YYYY 06 / 03 / 2005
	Mailing Address 4411 Santa Clara Court	<b>Transaction ID:</b> SA11AI.7689
	City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 415.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation The PMA Group Associate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2490.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2330.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The PMA Group, Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Becky DeRosa

Mailing Address 22014 Foxlair Road

City Gaithersburg State MD Zip Code 20882

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 ▼ 5000.00

Date of Receipt 06 / 21 / 2005

**Transaction ID:** SA11AI.7706

Amount of Each Receipt this Period 5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Greg Hansen

Mailing Address 8815 Arlington Blvd.

City Fairfax State VA Zip Code 22031-2705

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 ▼ 2500.00

Date of Receipt 06 / 08 / 2005

**Transaction ID:** SA11AI.7705

Amount of Each Receipt this Period 900.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Lynn Henselman

Mailing Address 59 Beaver Lodge Road

City Stafford State VA Zip Code 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 ▼ 2383.30

Date of Receipt 06 / 03 / 2005

**Transaction ID:** SA11AI.7691

Amount of Each Receipt this Period 416.66

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 6316.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <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)  
The PMA Group, Inc. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dennis Kedzior	Date of Receipt MM / DD / YYYY 06 / 03 / 2005
	Mailing Address 3086 Tudor Hall Road	<b>Transaction ID:</b> SA11AI.7690
	City State Zip Code Riva MD 21140-1324	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph S. Littleton, III, III	Date of Receipt MM / DD / YYYY 06 / 03 / 2005
	Mailing Address 79 Canterbury Drive	<b>Transaction ID:</b> SA11AI.7692
	City State Zip Code Stafford VA 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 ▼ 2490.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Lynch	Date of Receipt MM / DD / YYYY 06 / 03 / 2005
	Mailing Address 16719 Ostenbury Ct.	<b>Transaction ID:</b> SA11AI.7686
	City State Zip Code Dumfries VA 22026	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 ▼ 2083.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1231.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<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)  
The PMA Group, Inc. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Miller		Date of Receipt MM / DD / YYYY 06 / 03 / 2005		
	Mailing Address 4220 Maple Ave		<b>Transaction ID:</b> SA11AI.7693		
	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 ▼  
900.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Matt Miller		Date of Receipt MM / DD / YYYY 06 / 03 / 2005		
	Mailing Address 3825 Dittmar Drive		<b>Transaction ID:</b> SA11AI.7694		
	City Arlington	State VA	Zip Code 22207	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	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
2300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Morgan		Date of Receipt MM / DD / YYYY 06 / 03 / 2005		
	Mailing Address 8611 Mallard View		<b>Transaction ID:</b> SA11AI.7695		
	City Fairfax Station	State VA	Zip Code 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, Inc.	Occupation Associate	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
2490.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1215.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The PMA Group, Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Chuck Parkinson

Mailing Address 7327 Laurel Creek Court

City State Zip Code  
Springfield VA 22150

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

Name of Employer The PMA Group      Occupation Associate

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2490.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 03 / 2005

**Transaction ID:** SA11AI.7696

Amount of Each Receipt this Period  
415.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Liz Roberts

Mailing Address 211 11th Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer The PMA Group      Occupation Associate

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2496.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 03 / 2005

**Transaction ID:** SA11AI.7698

Amount of Each Receipt this Period  
416.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Joe Spata

Mailing Address 7850 Vervain Court

City State Zip Code  
Springfield VA 22152

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

Name of Employer The PMA Group, Inc.      Occupation Associate

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 03 / 2005

**Transaction ID:** SA11AI.7699

Amount of Each Receipt this Period  
400.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1231.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 17  
(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"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
The PMA Group, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Brian Thiel		Date of Receipt MM / DD / YYYY 06 / 22 / 2005
Mailing Address 606 Second Street, #404		Transaction ID: SA11AI.7709
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
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 ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Kelli Tomasulo		Date of Receipt MM / DD / YYYY 06 / 08 / 2005
Mailing Address 2369 South Queen Street		Transaction ID: SA11AI.7704
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
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 ▼ 1200.00	

**C.**

Full Name (Last, First, Middle Initial) Tom Veltri		Date of Receipt MM / DD / YYYY 06 / 03 / 2005
Mailing Address 713 Hawkins Way		Transaction ID: SA11AI.7700
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 415.00
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 ▼ 2490.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2815.00
<b>TOTAL</b> This Period (last page this line number only) .....	15139.32

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

A.	Full Name (Last, First, Middle Initial) <b>ALAN MOLLOHAN FOR CONGRESS COMMITTEE</b>	<b>Transaction ID: SB23.7725</b> Date of Disbursement 06 / 08 / 2005
	Mailing Address PO BOX 1343	Amount of Each Disbursement this Period 1000.00
	City FAIRMONT State WV Zip Code 26555	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>CAPUANO FOR CONGRESS COMMITTEE</b>	<b>Transaction ID: SB23.7732</b> Date of Disbursement 06 / 22 / 2005
	Mailing Address PO BOX 440305	Amount of Each Disbursement this Period 2000.00
	City SOMERVILLE State MA Zip Code 02144	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>CHET EDWARDS FOR CONGRESS</b>	<b>Transaction ID: SB23.7731</b> Date of Disbursement 06 / 22 / 2005
	Mailing Address PO BOX 23273	Amount of Each Disbursement this Period 1000.00
	City WACO State TX Zip Code 76702	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	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) .....	<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)  
The PMA Group, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
CHRISTOPHER COX CONGRESSIONAL COMMITTEE

Transaction ID: SB23.7727

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	5

Mailing Address P.O. Box 8088 PMB-C

Amount of Each Disbursement this Period

1000.00
---------

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement  
Contribution

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 48

B.

Full Name (Last, First, Middle Initial)  
FRIENDS OF CONGRESSMAN TIM HOLDEN

Transaction ID: SB23.7729

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	0	5

Mailing Address P.O. BOX 37

Amount of Each Disbursement this Period

1000.00
---------

City ST. CLAIR State PA Zip Code 17970

Purpose of Disbursement  
Contribution

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

C.

Full Name (Last, First, Middle Initial)  
FRIENDS OF DICK DURBIN COMMITTEE

Transaction ID: SB23.7726

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	5

Mailing Address P O BOX 1949

Amount of Each Disbursement this Period

1000.00
---------

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement  
Contribution

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IL District: 00

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

3000.00
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**TOTAL** This Period (last page this line number only) ..... ►

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

A.	Full Name (Last, First, Middle Initial) HOBSON FOR CONGRESS	Transaction ID: SB23.7722 Date of Disbursement 06 / 08 / 2005
	Mailing Address 82 West Columbia	Amount of Each Disbursement this Period 1500.00
	City Springfield State OH Zip Code 45503	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) HOBSON FOR CONGRESS	Transaction ID: SB23.7723 Date of Disbursement 06 / 08 / 2005
	Mailing Address 82 West Columbia	Amount of Each Disbursement this Period 500.00
	City Springfield State OH Zip Code 45503	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Steve HOOSIERS SUPPORTING BUYER	Transaction ID: SB23.7720 Date of Disbursement 06 / 08 / 2005
	Mailing Address 200 North Main Street PO Box	Amount of Each Disbursement this Period 1000.00
	City Monticello State IN Zip Code 47960	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>HOYER FOR CONGRESS</b></p> <p>Mailing Address 7905 MALCOLM ROAD SUITE 102</p> <p>City CLINTON State MD Zip Code 20735</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7724 <b>Date of Disbursement</b> 06 / 08 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>JEB BRADLEY FOR CONGRESS</b></p> <p>Mailing Address 645 South Main Street</p> <p>City Wolfeboro State NH Zip Code 03894</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 04</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7734 <b>Date of Disbursement</b> 06 / 24 / 2005</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MICA FOR CONGRESS</b></p> <p>Mailing Address P. O. Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7719 <b>Date of Disbursement</b> 06 / 08 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Jim MORAN FOR CONGRESS Mailing Address PO BOX 2518 City ALEXANDRIA State VA Zip Code 22301 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 08 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7710 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5
	Amount of Each Disbursement this Period 2000.00 Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement National Party Contribution for 2005 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ National Party	Transaction ID: SB23.7728 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 5
	Amount of Each Disbursement this Period 2500.00 Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) NITA LOWEY FOR CONGRESS Mailing Address PO BOX 271 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7733 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
	Amount of Each Disbursement this Period 1000.00 Category/Type

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

5500.00

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

A.

Full Name (Last, First, Middle Initial)  
Tim TIM MURPHY FOR CONGRESS

Transaction ID: SB23.7711

Date of Disbursement

Mailing Address PO Box 24551

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	5

City Pittsburgh State PA Zip Code 15234

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
Contribution

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
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TOTAL This Period (last page this line number only) ..... ►

19000.00
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