

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 / 23 |
| | <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 Magliocchetti | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 7 | |
| Mailing Address 1221 South Eads Street, #1707 | | Transaction ID: SA11A1.8578 | |
| City Arlington | State VA | Zip Code 22202 | Amount of Each Receipt this Period 5000.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer The PMA Group, Inc. | Occupation President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

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|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Kevin Miller | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 7 | |
| Mailing Address 4220 Maple Ave | | Transaction ID: SA11A1.8565 | |
| 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 ▼ 400.00 | | |

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|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Matt Miller | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 7 | |
| Mailing Address 229 10th Street, NE | | Transaction ID: SA11A1.8568 | |
| City Washington | State DC | Zip Code 20002 | Amount of Each Receipt this Period 416.00 |
| 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 ▼ 416.00 | | |

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|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5816.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |