

Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

Secretary of the Senate
Office of Public Records
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Washington, DC 20510

SECRETARY OF THE SENATE

05 FEB 15 AM 11:16

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name The PMA Group, Inc.			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 251 18th Street South Suite 1107 City Arlington State/Zip (or Country) VA 22202 USA			
3. Principal Place of Business (if different from line 2) City Same State/Zip (or Country)			
4. Contact Name Kaylene Green Telephone E-mail (optional)			5. Senate ID # 23521-87
7. Client Name <input type="checkbox"/> Self Goodrich			6. House ID # 30350005

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-De

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report >> Termination Date _____ 11. No Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$40,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)
Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 603 the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____ Date _____

Printed Name and Title **Kaylene Green - Senior Associate** _____ Pa

Registrant Name: The PMA Group, Inc.

Client Name: Goodrich

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code**, provide information as requested. Attach additional page(s) as needed.

15. General issue area code DEF (one per page)

16. Specific Lobbying issues

- H.R. 4200, National Defense Authorization Act for Fiscal Year 2005, procurement, R&D, O&M**
- H.R.4613, Department of Defense Appropriations Act, 2005, procurement, R&D, O&M**
- S.2400, National Defense Authorization Act for Fiscal Year 2005, procurement, R&D, O&M**
- S.2559, Department of Defense Appropriations Act, 2005, procurement, R&D, O&M**

17. House(s) of Congress and Federal agencies contacted

Check if None

Department of Defense
U.S. House of Representatives
U.S. Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Green, Kaylene	
Magliocchetti, Paul	
Shade, Briggs	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Printed Name and Title **Kaylene Green - Senior Associate** _____ Page

Registrant Name: The PMA Group, Inc.Client Name: Goodrich**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client
Walters, Greg**ISSUE UPDATE**24. General lobbying issues previously reported that **no longer** pertain**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or cou

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant or affiliated organization

Signature


Date **2/14/2005**

Signature _____ Date _____

Printed Name and Title **Kaylene Green - Senior Associate** _____ Pa