

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

## LOBBYING REPORT

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

1. Registrant Name <b>The PMA Group, Inc.</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>251 18th Street South</b> <b>Suite 1107</b> City <b>Arlington</b> State/Zip (or Country) <b>VA 22202</b> <b>USA</b>			
3. Principal Place of Business (if different from line 2) City <b>Same</b> State/Zip (or Country)			
4. Contact Name Telephone E-mail (optional) <b>Kaylene Green</b>			5. Senate ID # <b>23521-3413</b>
7. Client Name <input type="checkbox"/> Self <b>St. Vincent College</b>			6. House ID # <b>30350221</b>

**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
<b>INCOME</b> relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$40,000.00</u> <small>Income (nearest \$20,000)</small>	<b>EXPENSES</b> relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ <small>Expenses (nearest \$20,000)</small>
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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</li> <li><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603 of the Internal Revenue Code</li> <li><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 of the Internal Revenue Code</li> </ul>

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **Kaylene Green - Senior Associate** \_\_\_\_\_ Page \_\_\_\_\_

Registrant Name: The PMA Group, Inc.

Client Name: St. Vincent College

**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 BUD (one per page)
16. Specific Lobbying issues  
**H.R.0000, Department of Labor, Health and Human Services and Education Appropriations, 2005, Education**  
**H.R.0001, Department of Veterans Affairs, Housing and Urban Development Appropriations, 2005, EDI**  
**H.R.4200, National Defense Authorization Act for Fiscal Year 2005, R&D**  
**H.R.4613, Department of Defense Appropriations Act, 2005, R&D**  
**S.0000, Department of Labor, Health and Human Services and Education Appropriations, 2005, Education**  
**S.0001, Department of Veterans Affairs, Housing and Urban Development Appropriations, 2005, EDI**  
**S.1382, Department of Defense Appropriations Act, 2005, R&D**  
**S.2400, National Defense Authorization Act for Fiscal Year 2005, R&D**
17. House(s) of Congress and Federal agencies contacted  Check if None  
**Department of Defense**  
**House of Representatives**  
**Senate**

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

Name	Covered Official Position (if applicable)
<b>Green, Kaylene</b>	
<b>Kedzior, Dennis</b>	
<b>Magliocchetti, Paul</b>	
<b>Sharpstene, Liz</b>	
<b>Thiel, Brian</b>	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature



Date **8/14/2004**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Kaylene Green - Senior Associate Pa