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## LOBBYING REPORT

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

|   |  |  |                                     |
|---|--|--|-------------------------------------|
| 1. Registrant Name<br><b>The PMA Group, Inc.</b>  |  |  |                                     |
| 2. Registrant Address <input type="checkbox"/> Check if different than previously reported<br>Address <b>1755 Jefferson Davis Highway Suite 1107</b><br>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)<br>City <b>Same</b> State/Zip (or Country)  |  |  |                                     |
| 4. Contact Name Telephone E-mail (optional)<br><b>Kaylene Green</b>   |  |  | 5. Senate ID #<br><b>23521-2233</b> |
| 7. Client Name <input type="checkbox"/> Self<br><b>Alliance to End Childhood Lead Poisoning</b>   |  |  | 6. House ID #<br><b>30350153</b>    |

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  **OR** Year End (July 1-Dec)

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 Lobbyi

### 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:  | <b>EXPENSES</b> relating to lobbying activities for this reporting period were:                               |
| Less than \$10,000 <input checked="" type="checkbox"/>  | Less than \$10,000 <input type="checkbox"/>   |
| \$10,000 or more <input type="checkbox"/> >> \$ _____<br>Income (nearest \$20,000)  | \$10,000 or more <input type="checkbox"/> >> \$ _____<br>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). | <b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of     |
|   | <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition                              |
|   | <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 of the Internal Revenue Code   |
|   | <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code |

Signature \_\_\_\_\_ Date 8/12/2002



Registrant Name: The PMA Group, Inc.

Client Name: Alliance to End Childhood Lead Poisoning

**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, Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent boards, commissions, corporations, and offices for the fiscal year ending September 30, 2003, Community En Health Resources Center**

**H.R.0000, Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 2003, Center for Disease Control**

**S.2766, Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 2003, Center for Disease Control**

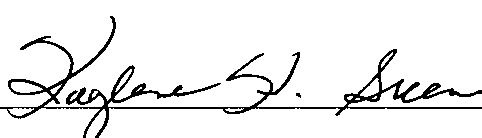
**S.2797, Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent boards, commissions, corporations, and offices for the fiscal year ending September 30, 2003, Community En Health Resources Center**

17. House(s) of Congress and Federal agencies contacted  Check if None  
**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>Mioduski, Mark</b>      | <b>Staff Assistant, Committee on Appropriations</b> |
|                            |   |
|                            |   |
|                            |   |
|                            |   |

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

Signature  Date 8/12/2002

