

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

SECRET  
CLASS 16

## 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 <b>Kaylene Green</b> Telephone E-mail (optional)			5. Senate ID # <b>23521-1736</b>
7. Client Name <input type="checkbox"/> Self <b>Opportunity Medical</b>			6. House ID # <b>30350137</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	
<p><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> &gt;&gt; \$ <u>\$20,000.00</u> Income (nearest \$20,000)</p> <p>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).</p>	<p><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> &gt;&gt; \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603 the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code</p>

Signature \_\_\_\_\_

Date **8/14/2004**

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

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

Registrant Name: The PMA Group, Inc.

Client Name: Opportunity Medical

**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 LBR (one per page)

16. Specific Lobbying issues

**H.R.0000, Labor, Health & Human Services and Education Appropriations Act for FY 2005, job training**

**S.0000, Labor, Health & Human Services and Education Appropriations Act for FY 2005, job training**

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>Long, Allison</b>	
<b>Magliocchetti, Paul</b>	
<b>Smith, Charles</b>	

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: Opportunity Medical

**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 UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client  
**Morgan, Brian**

**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 Business (city and state or country)

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

*[Handwritten Signature]*

Date 8/14/2004

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

Printed Name and Title Kaylene Green - Senior Associate Pa