

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
WASHINGTON, DC 20463
OCT 27 2 10 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Paul Magliocchetti Associates, Inc. - Political Action Committee	2. FEC IDENTIFICATION NUMBER C00280321
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1755 Jefferson Davis Highway, suite 1107	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Arlington, Virginia 22202	

4. TYPE OF REPORT

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding General
 (Type of Election)
 election on Nov. 8 in the State of _____

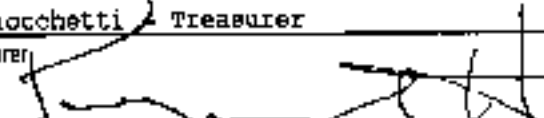
Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/94</u> through <u>10/19/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 16,888.08
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,784.18	
(c) Total Receipts (from line 19)	\$ 2,000.00	\$ 28,940.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5,784.18	\$ 45,828.08
7. Total Disbursements (from Line 20)	\$ 2,537.54	\$ 42,581.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,246.64	\$ 3,246.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 F Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3471
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Paul J. Magliocchetti Treasurer

Signature of Treasurer: 

Date: 10/27/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 437g.

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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)
 Paul Magliocchetti Associates, Inc. -
 Political Action Committee

FEC ID No. C00260321

<p>A. Full Name, Mailing Address and ZIP Code Brian Thiel 1205 Lolly Post Lane Woodbridge, VA 22192</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Paul Magliocchetti Associates, Inc.</p> <p>Occupation Associate</p> <p>Aggregate Year-To-Date > \$</p>	<p>Date (month, day, year) 10/3/94</p> <p>Aggregate Year-To-Date > \$ 4,000.00</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date > \$</p>	<p>Date (month, day, year)</p> <p>Aggregate Year-To-Date > \$</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date > \$</p>	<p>Date (month, day, year)</p> <p>Aggregate Year-To-Date > \$</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date > \$</p>	<p>Date (month, day, year)</p> <p>Aggregate Year-To-Date > \$</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date > \$</p>	<p>Date (month, day, year)</p> <p>Aggregate Year-To-Date > \$</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date > \$</p>	<p>Date (month, day, year)</p> <p>Aggregate Year-To-Date > \$</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date > \$</p>	<p>Date (month, day, year)</p> <p>Aggregate Year-To-Date > \$</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>2,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>2,000.00</p>

10
11
12
13
14
15
16
17
18
19
20

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		23

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)

Paul Magliocchetti Associates, Inc. -
Political Action Committee

FEC ID No. C00280321

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hefner for Congress Committee 7426 Fountain Road Drive Annandale, VA 22003	US House 8th Dist NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/94	500.00
B. Full Name, Mailing Address and ZIP Code Committee for R.V. Delluma P.O. Box 29164 Oakland, CA 94604	US House 9th Dist CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Sisisky for Congress P.O. Box 2062 Petersburg, VA 23804	US House 4th Dist VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/94	500.00
D. Full Name, Mailing Address and ZIP Code Pickett for Congress P.O. Box 2127 Virginia Beach, VA 23452	US House 2nd Dist VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/94	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

2403706144

SUBTOTAL of Disbursements This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	2,500.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

10/27/94

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

AUC

PREPARER

10/27/94

DATE PREPARED

2437084145