

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 19
01/31/2000 17 : 08

1. NAME OF COMMITTEE (in full) Paul Magliocchetti Associates, Inc. Political Action Committee		2. FEC IDENTIFICATION NUMBER C00260321
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1755 Jefferson Davis Highway Suite 1107		
CITY, STATE, and ZIP CODE Arlington VA 22202		3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

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 _____
 (election type) _____
 election on _____ 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	07/01/1999 through 12/31/1999		
6. (a) Cash on Hand, January 1, 1999	.....		7186.57
(b) Cash on Hand at Beginning of Reporting Period	.....	2779.87	
(c) Total Receipts (from line 19)	.....	53389.96	97483.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	.....	56149.83	104649.83
7. Total Disbursements (from line 30)	.....	24426.62	72926.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	.....	31723.21	31723.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	.....	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	.....	0.00	
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 Electronically Filed by Joseph S. Littleton, III			
Signature of Treasurer		Date 01/31/2000	

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE Paul Magliocchetti Associates, Inc. Political Action Committee	REPORT COVERING PERIOD		
	FROM 07/01/1999	TO: 12/31/1999	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	53369.96	97383.26	11.a.i.
ii. Unitemized	0.00	100.00	11.a.ii.
iii. Total	53369.96	97483.26	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	53369.96	97483.26	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	53369.96	97483.26	19.
20. Total Federal Receipts	53369.96	97483.26	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	21500.00	70000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	2916.62	2916.62	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	2916.62	2916.62	28.d.
29. Other Disbursements	10.00	10.00	29.
30. Total Disbursements	24426.62	72926.62	30.
31. Total Federal Disbursements	24426.62	72926.62	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	53369.96	97483.26	32.
33. Total Contribution Refunds (from line 28d)	2916.62	2916.62	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	50453.34	94566.64	34.
35. Total Federal Operating Expenditures	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 19
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Greg Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 07/06/1998	Amount of Each Receipt this Period 400.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2400.00		
Full Name, Mailing Address, and ZIP Code Mr. Tim Sanders 4534 Cornwell Drive Annandale VA 22005	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 07/06/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2500.00		
Full Name, Mailing Address, and ZIP Code Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 07/06/1998	Amount of Each Receipt this Period 470.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2400.00		
Full Name, Mailing Address, and ZIP Code Mr. Fred Clark 701 North Illinois Street Arlington VA 22205	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 07/12/1999	Amount of Each Receipt this Period 1000.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Pat Hiu 3652 Knox Court Woodbridge VA 22193	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 07/12/1999	Amount of Each Receipt this Period 300.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1800.00		
Full Name, Mailing Address, and ZIP Code John Lynch 16719 Osterbury Ct. Dumfries VA 22026	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 07/12/1999	Amount of Each Receipt this Period 416.66
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2499.66		
Full Name, Mailing Address, and ZIP Code Mr. Steve Macey 10522 Providence Way Fairfax VA 22030	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 07/12/1998	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 19
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NAME OF COMMITTEE (In Full)
Paul Magliocchetti Associates, Inc. Political Action Committee

Full Name, Mailing Address, and ZIP Code Mark Wladewski 408 Collin Lane NW Vienna VA 22180	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 07/12/1998	Amount of Each Receipt this Period 1000.00
	Occupation Associate	Aggregate Year-to-Date > \$ 3500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Dan Cunningham 3442 Mt. Burnside Way Woodbridge VA 22192	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 07/13/1999	Amount of Each Receipt this Period 1000.00
	Occupation Associate	Aggregate Year-to-Date > \$ 4000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Mr. Daniel Fleming 6488 Crayford Street Burke VA 22015-4178	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 07/13/1998	Amount of Each Receipt this Period 1000.00
	Occupation Associate	Aggregate Year-to-Date > \$ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Sean Fogarty 9506 Yawl Court Burke VA 22015	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 07/16/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate	Aggregate Year-to-Date > \$ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Dan Cunningham 3442 Mt. Burnside Way Woodbridge VA 22192	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 08/09/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate	Aggregate Year-to-Date > \$ 4500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Greg Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/09/1999	Amount of Each Receipt this Period 400.00
	Occupation Associate	Aggregate Year-to-Date > \$ 2800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Joseph S. Littleton, III 10220 Grovewood Way Fairfax VA 22032	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/09/1998	Amount of Each Receipt this Period 500.00
	Occupation Associate	Aggregate Year-to-Date > \$ 3500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 19
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Paul Magliocchetti Associates, Inc. Political Action Committee

Full Name, Mailing Address, and ZIP Code John Lynch 16718 Osterbury Ct. Dumfries VA 22026	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 08/09/1998	Amount of Each Receipt this Period 416.65
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2518.62		
Full Name, Mailing Address, and ZIP Code Mr. Steve Macey 10522 Providence Way Fairfax VA 22030	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/09/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mrs Kell Short 2400 Glebe Road Apt # 506 Arlington VA 22206	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 08/09/1998	Amount of Each Receipt this Period 100.00
	Occupation Legislative Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Brian Thiel 12505 Lolly Post Lane Woodbridge VA 22192	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/09/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Mark Wladawski 409 Colin Lane NW Vienna VA 22180	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/09/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 4000.00		
Full Name, Mailing Address, and ZIP Code Mrs. Sandy Welch 5634 Robbins Nest Lane Burke VA 22015	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 08/09/1999	Amount of Each Receipt this Period 470.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2870.00		
Full Name, Mailing Address, and ZIP Code Pat Hiu 3652 Knox Court Woodbridge VA 22193	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/12/1998	Amount of Each Receipt this Period 300.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2100.00		

SUBTOTALS of Receipts This Page (Optional)

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NAME OF COMMITTEE (In Full)
Paul Magliocchetti Associates, Inc. Political Action Committee

Full Name, Mailing Address, and ZIP Code Mr. Tim Sanders 4534 Cornwall Drive Armandale VA 22003	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/18/1998	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 3000.00		
Full Name, Mailing Address, and ZIP Code Mr. Charles Smith 1050 North Taylor Street Arlington VA 22201	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/18/1998	Amount of Each Receipt this Period 150.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1150.00		
Full Name, Mailing Address, and ZIP Code Sean Fogarty 9506 Yawl Court Burke VA 22015	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/20/1998	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 3500.00		
Full Name, Mailing Address, and ZIP Code Dan Cunningham 3442 Mt. Burnside Way Woodbridge VA 22192	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Joseph S. Littleton, III 10220 Grovewood Way Fairfax VA 22032	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 4000.00		
Full Name, Mailing Address, and ZIP Code John Lynch 16719 Osterbury Ct. Dumfries VA 22026	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 416.66
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 3333.28		
Full Name, Mailing Address, and ZIP Code Mr. Steve Macey 10522 Providence Way Fairfax, VA 22030	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/01/1998	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1500.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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NAME OF COMMITTEE (In Full) Paul Magliocchetti Associates, Inc. Political Action Committee					
Full Name, Mailing Address, and ZIP Code Ms Kell Short 2400 Glebe Road Apt # 506 Arlington VA 22206	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 09/07/1998	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Legislative Assistant	Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Mr. Daniel Fleming 6488 Crayford Street Burke VA 22015-4178	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/11/1999	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Associate	Aggregate Year-to-Date > \$ 3500.00			
Full Name, Mailing Address, and ZIP Code Grag Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/11/1998	Amount of Each Receipt this Period 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Associate	Aggregate Year-to-Date > \$ 3200.00			
Full Name, Mailing Address, and ZIP Code Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 09/11/1999	Amount of Each Receipt this Period 470.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Associate	Aggregate Year-to-Date > \$ 3340.00			
Full Name, Mailing Address, and ZIP Code Pat Hiu 3652 Knox Court Woodbridge VA 22193	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/15/1999	Amount of Each Receipt this Period 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Associate	Aggregate Year-to-Date > \$ 2400.00			
Full Name, Mailing Address, and ZIP Code Mr. Tim Sanders 4534 Conwell Drive Annandale VA 22005	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/15/1999	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Associate	Aggregate Year-to-Date > \$ 3500.00			
Full Name, Mailing Address, and ZIP Code Mark Wladewski 408 Colin Lane NW Vienna VA 22180	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/15/1998	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Associate	Aggregate Year-to-Date > \$ 4500.00			
SUBTOTALS of Receipts This Page (Optional)					
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Full Name, Mailing Address, and ZIP Code Sean Fogarty 9506 Yawl Court Burke VA 22015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 4000.00	Date (month, day, year) 09/21/1998	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Mr. Alan Ptak 916 Harriman Street Great Falls VA 22066-2535 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 09/21/1999	Amount of Each Receipt this Period 2500.00
Full Name, Mailing Address, and ZIP Code Brian Thiel 12505 Lolly Post Lane Woodbridge VA 22192 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 09/21/1998	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Pat Hiu 3852 Knox Court Woodbridge VA 22193 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 2700.00	Date (month, day, year) 10/04/1999	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code John Lynch 16719 Osterbury Ct. Dumfries VA 22026 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates Occupation Associate Aggregate Year-to-Date > \$ 3749.94	Date (month, day, year) 10/04/1999	Amount of Each Receipt this Period 416.66
Full Name, Mailing Address, and ZIP Code Mr. Alan Ptak 916 Harriman Street Great Falls VA 22066-2535 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 10/04/1999	Amount of Each Receipt this Period 2500.00
Full Name, Mailing Address, and ZIP Code Mr. Steve Macey 10522 Providence Way Fairfax, VA 22030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 10/13/1998	Amount of Each Receipt this Period 500.00

SUBTOTALS of Receipts This Page (Optional)

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NAME OF COMMITTEE (In Full)
Paul Magliocchetti Associates, Inc. Political Action Committee

Full Name, Mailing Address, and ZIP Code Ms Kell Short 2400 Glebe Road Apt # 506 Arlington VA 22206	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 10/13/1998	Amount of Each Receipt this Period 100.00
	Occupation Legislative Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Mr. Charles Smith 1050 North Taylor Street Arlington VA 22201	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 10/13/1999	Amount of Each Receipt this Period 250.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1400.00		
Full Name, Mailing Address, and ZIP Code Mark Wladewski 408 Colin Lane NW Vienna VA 22180	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 10/13/1998	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 10/13/1999	Amount of Each Receipt this Period 250.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 3590.00		
Full Name, Mailing Address, and ZIP Code Mr. Tim Sanders 4534 Cornwell Drive Annandale VA 22003	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 10/14/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 4000.00		
Full Name, Mailing Address, and ZIP Code Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 10/14/1999	Amount of Each Receipt this Period 220.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 3810.00		
Full Name, Mailing Address, and ZIP Code Sean Fogarty 9506 Yawl Court Burke VA 22015	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 11/01/1998	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 4500.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		10 / 19
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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				
Full Name, Mailing Address, and ZIP Code Greg Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 3600.00	Date (month, day, year) 11/01/1998	Amount of Each Receipt this Period 400.00	
Full Name, Mailing Address, and ZIP Code Mr. Daniel Fleming 6488 Crayford Street Burke VA 22015-4178 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 4250.00	Date (month, day, year) 11/04/1999	Amount of Each Receipt this Period 750.00	
Full Name, Mailing Address, and ZIP Code John Lynch 16719 Osterbury Ct. Dumfries VA 22026 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates Occupation Associate Aggregate Year-to-Date > \$ 4168.66	Date (month, day, year) 11/04/1998	Amount of Each Receipt this Period 416.66	
Full Name, Mailing Address, and ZIP Code Greg Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 4000.00	Date (month, day, year) 11/05/1999	Amount of Each Receipt this Period 400.00	
Full Name, Mailing Address, and ZIP Code Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates Occupation Associate Aggregate Year-to-Date > \$ 4280.00	Date (month, day, year) 11/05/1999	Amount of Each Receipt this Period 470.00	
Full Name, Mailing Address, and ZIP Code Mr. Tim Sanders 4534 Conwell Drive Annandale VA 22003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 4500.00	Date (month, day, year) 11/13/1999	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Brian Thiel 12505 Lolly Post Lane Woodbridge VA 22192 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 3000.00	Date (month, day, year) 11/13/1998	Amount of Each Receipt this Period 500.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		11 / 19
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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				
Full Name, Mailing Address, and ZIP Code Pat Hlu 3652 Knox Court Woodbridge VA 22193 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 3000.00	Date (month, day, year) 11/15/1998	Amount of Each Receipt this Period 300.00	
Full Name, Mailing Address, and ZIP Code Joseph S. Littleton, III 10220 Grovewood Way Fairfax VA 22032 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 4500.00	Date (month, day, year) 11/15/1995	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Mr. Steve Macey 10522 Providence Way Fairfax, VA 22030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 11/15/1998	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Ms Keli Short 2400 Glebe Road Apt # 508 Arlington VA 22208 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates Occupation Legislative Assistant Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/03/1999	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates Occupation Associate Aggregate Year-to-Date > \$ 4750.00	Date (month, day, year) 12/03/1999	Amount of Each Receipt this Period 470.00	
Full Name, Mailing Address, and ZIP Code Mr. Daniel Fleming 6488 Crayford Street Burke VA 22015-4178 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 12/17/1995	Amount of Each Receipt this Period 750.00	
Full Name, Mailing Address, and ZIP Code Pat Hlu 3652 Knox Court Woodbridge VA 22193 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 4000.00	Date (month, day, year) 12/17/1998	Amount of Each Receipt this Period 1000.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 19
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Paul Magliocchetti Associates, Inc. Political Action Committee

Full Name, Mailing Address, and ZIP Code John Lynch 16718 Osterbury Ct. Dumfries VA 22026	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 12/17/1998	Amount of Each Receipt this Period 416.65
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 4583.28		
Full Name, Mailing Address, and ZIP Code Mr. Steve Macey 10522 Providence Way Fairfax VA 22030	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/17/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 3000.00		
Full Name, Mailing Address, and ZIP Code Mr. Tim Sanders 4534 Cornwall Drive Annandale VA 22003	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/17/1998	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Mr. Bill Berl 7 Hawthorne Court Stafford VA 22554	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 5000.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Sean Fogarty 9506 Yawl Court Burke VA 22015	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Greg Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 1000.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Joseph S. Littleton, III 10220 Grovewood Way Fairfax VA 22032	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 19
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Nancy Magliocchetti 10203 Woodvale Pond Dr. Fairfax Station VA 22039	Name of Employer None	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 5000.00
	Occupation Aggregate Year-to-Date > \$ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Paul Magliocchetti 10203 Woodvale Pond Dr. Fairfax Station VA 22039	Name of Employer Self	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 5000.00
	Occupation President Aggregate Year-to-Date > \$ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Mr. Charles Smith 1050 North Taylor Street Arlington VA 22201	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 1000.00
	Occupation Associate Aggregate Year-to-Date > \$ 2400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 250.00
	Occupation Associate Aggregate Year-to-Date > \$ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	53369.96

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	14 / 19
				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					
Full Name, Mailing Address, and ZIP Code Rep. Norm Dicks Norm Dicks for Congress 4451 North Capitol St, NW Washington DC 20001	Purpose of Disbursement (House - WA - 6) 4/20/88 (88 General) check never cashed	Date (month, day, year) 07/01/1998	Amount of Each Disbursement This Period -1000.00		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Rep. Jerry Lewis Lewis for Congress Cmte. 4451 Brookfield Corp. Dr. Chantilly VA 20151-1852	Purpose of Disbursement (House - CA - 40) 4/20/88 (88 Primary) check never cashed	Date (month, day, year) 07/01/1998	Amount of Each Disbursement This Period -500.00		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code BRADY FOR CONGRESS PO BOX 8277 WOODLANDS TX 77367	Purpose of Disbursement (House - TX - 08)	Date (month, day, year) 07/13/1998	Amount of Each Disbursement This Period 1000.00		
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code ROBB FOR THE SENATE POST OFFICE BOX 1279 MCLEAN VA 22101	Purpose of Disbursement (Senate - VA - 00)	Date (month, day, year) 07/13/1998	Amount of Each Disbursement This Period 1000.00		
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code EVA CLAYTON COMMITTEE FOR CONGRESS 307 W FRANKLIN STREET WARRENTON NC 27589	Purpose of Disbursement (House - NC - 01)	Date (month, day, year) 07/21/1998	Amount of Each Disbursement This Period 500.00		
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Rep. John Sununu Sununu for Congress 330 5th St. SE Apt. A Washington DC 20005	Purpose of Disbursement (House - NH - 1)	Date (month, day, year) 07/21/1998	Amount of Each Disbursement This Period 500.00		
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code MCCOLLUM, BILL POST OFFICE BOX 532015 ORLANDO FL 32853	Purpose of Disbursement (Senate - FL - 00)	Date (month, day, year) 07/27/1998	Amount of Each Disbursement This Period 500.00		
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Rep. Rod Blagojevich Blagojevich for Congress 110 B East Broad Street Falls Church VA 22046	Purpose of Disbursement (House - IL - 5)	Date (month, day, year) 07/28/1998	Amount of Each Disbursement This Period 500.00		
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Hooley, Darlene Darlene Hooley for Congress P.O. Box 2050 Salem OR 97306	Purpose of Disbursement (House - OR - 5)	Date (month, day, year) 08/02/1998	Amount of Each Disbursement This Period 500.00		
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	15 / 19
			FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Paul Magliocchetti Associates, Inc. Political Action Committee

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - TX - 19)	Date (month, day, year)	Amount of Each Disbursement This Period
COMBEST CONGRESSIONAL COMMITTEE P O BOX 10887 LUBBOCK TX 79406	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/21/1998	1000.00
Full Name, Mailing Address, and ZIP Code Hooley, Darlene Darlene Hooley for Congress P.O. Box 2050 Salem OR 97308	Purpose of Disbursement (House - OR - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/13/1998	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Molchan Molchan for Congress P.O. Box 1343 Fairmont WV 26554	Purpose of Disbursement (House - WV - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/21/1998	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Rep. Tom Sawyer The Tom Sawyer Committee PO Box 75214 Washington DC 20015-5214	Purpose of Disbursement (House - OH - 14) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/21/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code EHRlich FOR CONGRESS COMMITTEE 1301 YORK RD SUITE 705 LUTHERVILLE MD 21093	Purpose of Disbursement (House - MD - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/22/1998	Amount of Each Disbursement This Period 250.00
Full Name, Mailing Address, and ZIP Code Rep. J.C. Watts Friends of J.C. Watts 2420 Springer Dr., #120 Norman OK 73069	Purpose of Disbursement (House - OK - 4) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/22/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code MCCRERY FOR CONGRESS 1900 CNB TOWER 333 TEXAS STREET 333 TEXAS STREET SHREVEPORT LA 71101	Purpose of Disbursement (House - LA - 04) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/29/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Coble, Howard Coble for Congress 4451 Brookfield Corp. Dr., Ste. 200 Chantilly VA 20151-1852	Purpose of Disbursement (House - NC - 6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code FRIENDS OF CONRAD BURNS (1994) PO BOX 3311 BILLINGS MT 59103	Purpose of Disbursement (Senate - MT - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/1998	Amount of Each Disbursement This Period 1000.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	16 / 19
			FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Paul Magliocchetti Associates, Inc. Political Action Committee

Full Name, Mailing Address, and ZIP Code Weldon, Carl Weldon for Congress P.O. Box 1992 Media PA 19063	Purpose of Disbursement (House - PA - 7)	Date (month, day, year) 09/30/1998	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Roukema, Marge Committee to Re-Elect Marge Roukem P.O. Box 625 Ridgewood NJ 07451	Purpose of Disbursement (House - NJ - 5)	Date (month, day, year) 10/05/1998	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Rep. James Walsh Walsh for Congress Cmte. PO Box 1974 Syracuse NY 13201	Purpose of Disbursement (House - NY - 25)	Date (month, day, year) 10/05/1998	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code FRIENDS OF ERNEST ISTOOK PO BOX 42345 OKLAHOMA CITY OK 73123	Purpose of Disbursement (House - OK - 05)	Date (month, day, year) 10/06/1998	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code FRIENDS OF HOUGHTON POST OFFICE BOX 1107 CORNING NY 14830	Purpose of Disbursement (House - NY - 31)	Date (month, day, year) 10/06/1998	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Rep. Tim Holden Friends of Cong. Tim Holden 1800 West End Ave. Pottsville PA 17901	Purpose of Disbursement (House - PA - 6)	Date (month, day, year) 10/06/1998	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code NEW DEMOCRAT NETWORK 501 CAPITOL COURT NE SUITE 200 WASHINGTON DC 20002	Purpose of Disbursement	Date (month, day, year) 10/06/1998	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Rep. Jim Saxton Friends of Jim Saxton PO Box 795 Mount Holly NJ 08060-9943	Purpose of Disbursement (House - NJ - 3)	Date (month, day, year) 10/06/1998	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Rep. Jerry Lewis Lewis for Congress Cmte. 4451 Brookfield Corp. Dr. Chantilly VA 20151-1852	Purpose of Disbursement (House - CA - 40)	Date (month, day, year) 10/12/1998	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		17 / 19
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) Paul Magliocchetti Associates, Inc. Political Action Committee				
Full Name, Mailing Address, and ZIP Code AMERIPAC 140 COVANT #2 MANCHESTER NH 03102	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/13/1998	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Rep. John Baldacci Baldacci for Congress '98 5501 Cherokee Ave. Alexandria VA 22312	Purpose of Disbursement (House - ME - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/13/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code KAPTUR FOR CONGRESS P O BOX 859 TOLEDO OH 43891	Purpose of Disbursement (House - OH - 09) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/13/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code PASTOR FOR ARIZONA PO BOX 8554 PHOENIX AZ 85005	Purpose of Disbursement (House - AZ - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/13/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code COMMITTEE TO ELECT MCHUGH PO BOX 8161 WATERTOWN NY 13801	Purpose of Disbursement (House - NY - 24) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/1998	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Rep. Randy Cunningham Friends of Cunningham 613 W. Valley Parkway Escondido CA 92055	Purpose of Disbursement (House - CA - 51) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code HAL ROGERS FOR CONGRESS PO BOX 1214 EAST MT VERNON ST SOMERSET KY 42502	Purpose of Disbursement (House - KY - 05) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/1998	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Rep. Connie Morela Friends of Connie Morela PO Box 5845 Bethesda MD 20824	Purpose of Disbursement (House - MD - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/1998	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code LARSON FOR CONGRESS 29 RUFF CIRCLE GLASTONBURY CT 06033	Purpose of Disbursement (House - CT - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/21/1998	Amount of Each Disbursement This Period 500.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	18 / 19
			FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) Paul Magliocchetti Associates, Inc. Political Action Committee			
Full Name, Mailing Address, and ZIP Code ANNE NORTHUP FOR CONGRESS PO BOX 7315 LOUISVILLE KY 40257	Purpose of Disbursement (House - KY - 03) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/27/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code CHAMBLISS FOR CONGRESS P.O. BOX 4064 MACON GA 31208	Purpose of Disbursement (House - GA - 08) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/03/1998	Amount of Each Disbursement This Period 500.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			21500.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	19 / 19
			FOR LINE NUMBER 28A
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NAME OF COMMITTEE (In Full) Paul Magliocchetti Associates, Inc. Political Action Committee			
Full Name, Mailing Address, and ZIP Code Mr. Alan Ptak 916 Hariman Street Great Falls VA 22066-2535	Purpose of Disbursement Partial refund of employee contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/23/1998	Amount of Each Disbursement This Period 2916.62
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			2916.62