

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 29 20 AM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (Do Not Leave Blank) 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 Hwy, Suite 1107		
CITY, STATE and ZIP CODE Arlington, VA 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 _____ (Type of Election)
election on _____ in the State of _____
- Thirteenth 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. Reporting Period <u>December 1</u> through <u>December 31</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ -0-
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,138.08	
(c) Total Receipts (from Line 19)	\$ 6,000.00	\$ 33,051.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Line 6(a) and 6(c) for Column B)	\$ 18,138.08	\$ 33,051.54
7. Total Disbursements (from Line 30)	\$ 1,250.00	\$ 16,163.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 16,888.08	\$ 16,888.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

For further information contact:
Federal Election Commission
389 F Street, NW
Washington, DC 20463
Toll Free 800 424 9530
Local 202 219-3420

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

Kaylene Green - Assistant Treasurer

Signature of Treasurer

Kaylene H. Green

Date

1/31/94

101F Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437c

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(Revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Paul Magliocchetti Assoc. Inc. - Political Action Committee		FROM Dec. 1	TO: Dec. 31
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees:		
i.	Itemized (use Schedule A):	6,000.00	32,900.00
ii.	Unitemized	-0-	100.00
	Total (add i and ii) >	6,000.00	33,000.00
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
	Total Contributions (add a, b and c) >	6,000.00	33,000.00
12.	Transfers From Affiliates/Other Party Committees	-0-	-0-
13.	All Loans Received	-0-	-0-
14.	Loan Repayments Received	-0-	-0-
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	51.54
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17.	Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
18.	Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19.	Total Receipts (add 11a, 12, 13, 14, 15, 17, and 18) >	6,000.00	33,051.54
20.	Total Federal Receipts (subtract line 18 from line 19) >	6,000.00	33,051.54
II. Disbursements			
21	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4):		
i.	Federal Share	-0-	-0-
ii.	Non-Federal Share	-0-	-0-
b.	Other Federal Operating Expenditures	-0-	113.46
	Total Operating Expenditures (add a, i, ii, and b) >	-0-	113.46
22.	Transfers to Affiliates/Other Party Committees	-0-	-0-
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1,250.00	16,050.00
24.	Independent Expenditures (use Schedule E)	-0-	-0-
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441ajo) (use Schedule F)	-0-	-0-
26.	Loan Repayments Made	-0-	-0-
27.	Loans Made	-0-	-0-
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	-0-	-0-
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
	Total Contribution Refunds (add a, b and c) >	-0-	-0-
29.	Other Disbursements	-0-	-0-
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,250.00	16,163.46
31.	Total Federal Disbursements (subtract line 21 a, i from line 30) >	1,250.00	16,050.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) from line 11(c)	1,250.00	33,000.00
33.	Total Contribution Refunds from line 28(e)	-0-	-0-
34.	Net Contributions (other than loans) (subtract line 33 from 32)	1,250.00	33,000.00
35.	Total Federal Operating Expenditures (add 21 a, and 21 b) >	-0-	113.46
36.	Offsets to Operating Expenditures (from line 15)	-0-	51.54

2403377

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1 FOR LINE NUMBER 1

All 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

2433723173

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Magliocchetti 10203 Woodvale Pond Drive Fairfax Station, VA 22039	Paul Magliocchetti Associates, Inc.	12/21	\$3,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Magliocchetti 10203 Woodvale Pond Drive Fairfax Station, VA 22039	Paul Magliocchetti Associates, Inc.	12/21	\$3,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Company Treasurer	Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 6,000.00

TOTAL This Period for this number only 6,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

3403B / 9 / 1 / 7

1. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Trent Lott P.O. Box 22824 Jackson, MS 39225	U.S. Senate - MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21	\$500
Citizens for Olympia Snowe P.O. Box 1994 Auburn, ME 04211	U.S. House of Reps. - 2nd Dist - ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21	\$500
Friends of Shelia Smith 326 G Street, S.E. Washington, DC 20003	LT Gov. Candidate - IT. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13	\$250

SUB TOTAL of Disbursements (this Page optional)	1,250.00
TOTAL This Period (last page this line number only)	1,250.00

**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

First Class Mail

POSTMARKED

1-31-94

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

DATE OF RECEIPT

SLB.

PREPARER

2-2-94

DATE PREPARED

2403078-130