

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Paul Magliocchetti Associates, Inc. - Political Action Committee		<b>2. FEC IDENTIFICATION NUMBER</b> C00280321
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 1755 Jefferson Davis Highway Suite 1107		
<b>CITY, STATE and ZIP CODE</b> Arlington, VA 22202		
<b>3.</b> <input type="checkbox"/> This committee has qualified as a multicandidate 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 \_\_\_\_\_ (Type of Election)  
 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 <u>March 1, 94</u> through <u>March 31, 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	\$ 19,388.08	
(c) Total Receipts (from Line 1B)	\$ 4,000.00	\$ 8,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and lines 6(a) and 6(c) for Column B)	\$ 23,388.08	\$ 24,888.08
7. Total Disbursements (from Line 3B)	\$ 9,000.00	\$ 10,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 14,388.08	\$ 14,388.08
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 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	

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 H. Green - Assistant Treasurer	
Signature of Treasurer 	Date 4/15/94

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

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**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 3/1/94 TO: 3/31/94	
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)	4,000.00	8,000.00
ii.	Unitemized	-0-	-0-
iii.	Total (add i and ii) >	4,000.00	8,000.00
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contributions (add a ii, b and c) >	4,000.00	8,000.00
12.	Transfers From Affiliated/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-	-0-
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 11d, 12, 13, 14, 15, 16, 17, and 18) >	4,000.00	8,000.00
20.	Total Federal Receipts (subtract line 18 from line 19) >	4,000.00	8,000.00
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-	-0-
c.	Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-
22.	Transfers to Affiliated/Other Party Committees	-0-	-0-
23.	Contributions to Federal Candidates/Committees and Other Political Committees	9,000.00	10,500.00
24.	Independent Expenditures (use Schedule E)	-0-	-0-
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (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-
d.	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) >	9,000.00	10,500.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	9,000.00	10,500.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(From line 11d)	4,000.00	8,000.00
33.	Total Contribution Refunds (from line 28d)	-0-	-0-
34.	Net Contributions (other than loans)(subtract line 33 from 32)	4,000.00	8,000.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**

9  
4  
0  
3  
8  
9  
3  
0  
2  
2  
5

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charlotte Tsoucalas 4000 Ft. Worth Avenue Alexandria, VA 22304	Paul Magliocchetti Associates, Inc.	3/3/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Waciawski 3869 Ogilvie Court Woodbridge, VA 22192	Paul Magliocchetti Associates, Inc.	3/15/94	3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4,000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4,000.00</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE OF  
one two  
FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**

Paul Magliocchetti Associates, Inc. - Political Action Committee

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3  
9  
4  
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9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
L.F. Payne for Congress P.O. Box 2884 Washington, DC 20013	US House of Reps. 10th Dist. - NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/94	500.00
Congressman Joseph McDade 3869 Beech Down Drive Chantilly, VA 22021	US House of Reps. 10th Dist. PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/94	1,000.00
Fazio for Congress P.O. Box 990 Washington, DC 20044	US House of Reps. 3rd Dist. - CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/94	1,000.00
Lynn Schenk for Congress c/o NASSCO P.O. Box 16614 Arlington, VA 22215	US House of Reps. 49th Dist - CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/94	500.00
Foglietta for Congress P.O. Box 15052 Washington, DC 20003	US House of Reps 1st Dist. - PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/94	500.00
Holden for Congress P.O. Box 523024 Springfield, VA	US house of Reps 6th Dist. - PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/94	1,000.00
Walsh for Congress P.O. Box 1974 Syracuse, NY 13201	US house of Reps. - 25th Dist. - NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/94	500.00
Matsui for Congress P.O. Box 523024 Springfield, VA 22152	US House of Reps. 5th Dist. - CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/94	1,000.00
Bartlett for Congress 1212 N. Vernon Street Arlington, VA 22201	US House of Reps. 6th Dist. - MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/94	500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... 6,500.00

**TOTAL** This Period (last page this line number only) ..... -0-

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE OF  
two two  
FOR LINE NUMBER

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**NAME OF COMMITTEE (in Full)**

Paul Magliocchetti Associates, Inc. - Political Action Committee

94038930227

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Billy Tauzin for Congress P.O. Box 1407 Thibodaux, LA 70302	US House of Reps. - 3rd Dist. - LA	3/15/94	500.00
B. Full Name, Mailing Address and ZIP Code Bateman for Congress 2020 Pennsylvania, Ave. Washington, DC 20006	US House of Reps. - 1st Dist. - VA	3/16/94	500.00
C. Full Name, Mailing Address and ZIP Code Congressman Hal Rogers 7700 Leesburg Pike, Suite 212 Falls church, VA 22043	US House of Reps. 5th Dist - KY	3/25/94	500.00
D. Full Name, Mailing Address and ZIP Code Spence for Congress 4451 Brookfield Corp. Drive Chantilly, VA 22021	US House of Reps. 2nd District - SC	3/25/94	1,000.00
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 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

**SUBTOTAL** of Disbursements This Page (optional) .....

2,500.00

**TOTAL** This Period (last page this line number only) .....

9,000.00

**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  
4-15-94

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  
and/or DATE OF RECEIPT

*seb.*  
 PREPARER

*4-18-94*  
 DATE PREPARED

9 4 0 3 8 9 3 J 2 2 0