

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

06/13/2000 16 : 00

<b>1. NAME OF COMMITTEE (in full)</b> <b>Paul Magliocchetti Associates, Inc. Political Action Committee</b>	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 1755 Jefferson Davis Highway Suite 1107	<b>2. FEC IDENTIFICATION NUMBER</b> C00260321
<b>CITY, STATE, and ZIP CODE</b> 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      Monthly Report Due On:

February 20       June 20       October 20  
 July 15 Quarterly Report       March 20       July 20       November 20  
 October 15 Quarterly Report       April 20       August 20       December 20  
 January 31 Year End Report       May 20       September 20       January 31  
 July 31 Mid-Year Report (Non-election Year Only)

Twelfth day report preceding \_\_\_\_\_  
(election type) \_\_\_\_\_  
election on \_\_\_\_\_ In the State of \_\_\_\_\_

Thirtieth day report following the General Election  
on \_\_\_\_\_ In the State of \_\_\_\_\_

Termination report

(b) Is this Report an Amendment       YES       NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>05/01/2000</u> through <u>05/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u> .....		31723.21
(b) Cash on Hand at Beginning of Reporting Period .....	10372.19	
(c) Total Receipts (from line 19) .....	13249.66	55146.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	23621.85	66971.85
7. Total Disbursements (from line 30) .....	18000.00	81250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5621.85	5621.85
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 <b>Electronically Filed by Mr. Joseph S. Littleton, III</b>		
Signature of Treasurer		Date 06/13/2000

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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**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>Paul Magliocchetti Associates, Inc. Political Action Committee</b>		REPORT COVERING PERIOD FROM 05/01/2000 TO: 05/31/2000	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	13249.66	54948.64	11.a.i.
ii. Unitemized .....	0.00	200.00	11.a.ii.
iii. Total .....	13249.66	55148.64	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 .....	13249.66	55148.64	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 .....	13249.66	55148.64	19.
20. Total Federal Receipts .....	13249.66	55148.64	20.
<b>II. Disbursements</b>			
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 .....	18000.00	81250.00	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 .....	0.00	0.00	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 .....	0.00	0.00	28.d.
29. Other Disbursements .....	0.00	0.00	29.
30. Total Disbursements .....	18000.00	81250.00	30.
31. Total Federal Disbursements .....	18000.00	81250.00	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	13249.66	55148.64	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	13249.66	55148.64	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.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 8</b>
			FOR LINE NUMBER <b>11A1</b>

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**

<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Fred Clark  701 North Illinois Street  Arlington VA 22205	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 05/02/2000	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 > \$ 4000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Pat Hiu  3652 Knox Court  Woodbridge VA 22193	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 05/02/2000	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		
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph S. Littleton, III  10220 Grovewood Way  Fairfax VA 22032	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 05/02/2000	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		
<b>Full Name, Mailing Address, and ZIP Code</b> John Lynch  18719 Osterbury Ct.  Dumfries VA 22026	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 05/02/2000	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 > \$ 1996.64		
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Mark Rokala  3429 South Stafford Street Apt B-2 Arlington VA 22206	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 05/02/2000	Amount of Each Receipt this Period 333.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1332.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Ms Kelli Short  2400 Glebe Road Apt # 506 Arlington VA 22206	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 05/02/2000	Amount of Each Receipt this Period 200.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 600.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Brian Thiel  12505 Lolly Post Lane  Woodbridge VA 22192	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 05/02/2000	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		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>4 / 8</b>
			FOR LINE NUMBER <b>11A1</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandy Welch  5834 Robbins Nest Lane  Burke VA 22015	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 05/02/2000	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		
<b>Full Name, Mailing Address, and ZIP Code</b> Greg Hansen  6615 Arlington Blvd.  Fairfax VA 22031-2705	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 05/04/2000	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 > \$ 1800.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Tim Sanders  4534 Conwell Drive  Annandale VA 22003	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 05/04/2000	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 > \$ 3000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dan Cunningham  3442 Mt. Burnside Way  Woodbridge VA 22182	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 05/22/2000	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 > \$ 4000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Sean Fogarty  9506 Yawl Court  Burke VA 22015	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 05/22/2000	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		
<b>Full Name, Mailing Address, and ZIP Code</b> Mark Wladawski  405 Colin Lane NW  Vienna VA 22180	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 05/22/2000	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 > \$ 2200.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Briggs Shade  7722 Carleigh Parkway  Springfield VA 22152	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 05/24/2000	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		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	5 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Paul Magliocchetti Associates, Inc. Political Action Committee</b>		
<b>Full Name, Mailing Address, and ZIP Code</b> Alfred J. Woodbridge  6211 Springstone Place  Clifton VA 20124	<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.  <b>Occupation</b> Associate  <b>Aggregate Year-to-Date</b> > 5 3000.00	<b>Date (month, day, year)</b> 05/31/2000  <b>Amount of Each Receipt This Period</b> 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....		
<b>TOTALS</b> This Period (last page this line number only) .....		<b>13249.66</b>





<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>8 / 8</b>
			FOR LINE NUMBER 23

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

<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF HOUGHTON  POST OFFICE BOX 1107  CORNING NY 14830	Purpose of Disbursement  (House - NY - 31)	Date (month, day, year) 05/30/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF MIKE FORBES  PO BOX 1186 PO BOX 500 WESTHAMPTON BEACH NY 11978	Purpose of Disbursement  (House - NY - 01)	Date (month, day, year) 05/30/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HAYES FOR CONGRESS  102 CHURCH ST N  CONCORD NC 28025	Purpose of Disbursement  (House - NC - 08)	Date (month, day, year) 05/30/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> Rep. Joe Moskley  Re-Elect Joe Moskley PO Box 1073 Boston MA 02205-9832	Purpose of Disbursement  (House - MA - 9)	Date (month, day, year) 05/30/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> VICTORY POLITICAL ACTION COMMITTEE (V-PAC) PO BOX 525  ST PETERSBURG FL 33731	Purpose of Disbursement  (House - FL - 11)	Date (month, day, year) 05/30/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :		

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<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>18000.00</b>