



PAUL MAGLIOCCHETTI ASSOCIATES, INC.
POLITICAL ACTION COMMITTEE

Oct 20 11 22 AM '94

CRYSTAL SQUARES
1755 JEFFERSON DAVIS HIGHWAY, SUITE 1107
ARLINGTON, VIRGINIA 22202
(703) 415-0544 • FAX (703) 415-2182

October 18, 1994

Ms. Erica Holder
Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Ms. Holder:

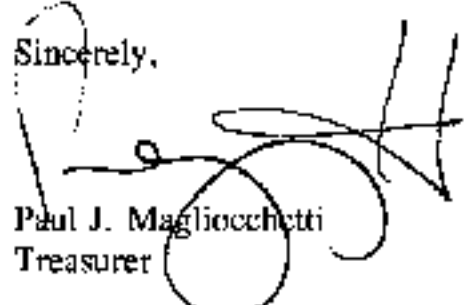
We have received your letter of September 14, 1994, indicating that our August monthly report, covering the period 7/1/94-7/31/94, contained several errors.

That report included a total for Line 23 of the Detailed Summary Page which did not correspond to the actual itemized contributions on Schedule B. We incorrectly added the total contributions and reported a total of \$6,500 on Schedule B, the Detailed Summary Page, and the Summary Page, when all three entries should have been \$5,500. This also resulted in the Detailed Summary Page Column B, line 30 amount and the Summary Page Column B, line 7 amount being overstated. Both should have been \$35,543.90.

You also indicated that contributions to Friends of Robert Toricelli and Friends of Ben Cayetano should have been reported on line 29 of the Detailed Summary Page and supported by a separate Schedule B. In fact, Robert Torricelli's name was misspelled on our report, but he is a candidate for reelection to his House seat in New Jersey. Therefore, the contribution to his campaign committee will remain reported on Line 23 of the Detailed Summary Page. The contribution to Cayetano has been listed on a new Schedule B of the attached amended report.

All other above noted changes/corrections have also been reflected on the attached amended report. Thank you for bringing these items to our attention.

Sincerely,


Paul J. Magliocchetti
Treasurer

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAKING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Paul Magliocchetti Associates, Inc. - Political Action Committee	Oct 20 11 35 AM '94
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1755 Jefferson Davis Highway, Suite 1107	2. FEC IDENTIFICATION NUMBER C00280321
CITY, STATE and ZIP CODE Arlington, Virginia 22202	3. <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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input checked="" type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> 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>7/1/94</u> through <u>7/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 16,888.08
(b) Cash on Hand at Beginning of Reporting Period	\$ 13,784.18	
(c) Total Receipts (from line 19)	\$ -0-	\$ 26,940.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13,784.18	\$ 43,828.08
7. Total Disbursements (from Line 31)	\$ 5,500.00	\$ 35,543.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,284.18	\$ 8,284.18
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 20483 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-	

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

Type or Print Name of Treasurer
 Paul J. Magliocchetti - Treasurer

Signature of Treasurer Date
 10/17/94

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

94030270

**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: 7/1/94 TO: 7/31/94	
		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)	-0-	26,940.00	
ii. Unitemized	-0-	-0-	
iii. Total (add i and ii)	-0-	26,940.00	
b. Political Party Committees	-0-	-0-	
c. Other Political Committees (such as PACs)	-0-	-0-	
d. Total Contributions (add a ii, b and c)	-0-	26,940.00	
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)	-0-	26,940.00	
20. Total Federal Receipts (subtract line 18 from line 19)	-0-	26,940.00	
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-	43.90	
c. Total Operating Expenditures (Add a i, a ii, and b)	-0-	43.90	
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,500.00	34,500.00	
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	1,000.00	1,000.00	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	5,500.00	35,543.90	
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	5,500.00	35,543.90	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	-0-	26,940.00	
33. Total Contribution Refunds (from line 28d)	-0-	-0-	
34. Net Contributions (other than loans)(subtract line 33 from line 32)	-0-	26,940.00	
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	-0-	43.90	
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	
37. Net Operating Expenditures (subtract line 36 from line 35)	-0-	43.90	

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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

FEC ID No. C00280321

A. Full Name, Mailing Address and ZIP Code NONE	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period -0-
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Cash Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Cash Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		

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SUBTOTAL of Receipts This Page (optional)	-0-
TOTAL This Period (last page this line number only)	-0-

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Paul Magliocchetti Associates, Inc. -
Political Action Committee

FEC ID NO. C00280321

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Honorable Chaka Fattah c/o P.O. Box 15052 Washington, DC 20003	US House 2nd Dist PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/94	500.00
B. Full Name, Mailing Address and ZIP Code Martin Frost Campaign 900 W. Abram Street Arlington, TX 76013	US House 24th Dist TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Robert Torricelli P.O. Box 1611 South Hackensack, NJ 07606	US House 9th Dist-NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/94	500.00
D. Full Name, Mailing Address and ZIP Code Victory USA P.O. Box 990 Washington, DC 20044	Dem Candidate for Cong Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/29/94	1,000.00
E. Full Name, Mailing Address and ZIP Code Dixon For Congress 11661 San Vincente Blvd. Suite 304 Los Angeles, CA 90049	US House 32nd Dist CA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/26/94	500.00
F. Full Name, Mailing Address and ZIP Code Moran for Congress P.O. Box 2518 Alexandria, VA 22301	US House 5th Dist VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/94	1,000.00
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

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SUBTOTAL of Disbursements This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	4,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
29		

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
 EXEC ID No. C00260321

94039030274

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Ben Cayetano 1317 F Street, N.W., Suite 600 Washington, DC 20004	Dem Cand. for Congress Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/26/94	1,000.00
B. 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
C. 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
D. 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
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)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

SEP 14 1994

Paul J. Magliocchetti, Treasurer
Paul Magliocchetti Associates, Inc.
Political Action Committee
1755 Jefferson David Highway
Arlington, VA 22202

Identification Number: C00280321

Reference: August Monthly Report (7/1/94-7/31/94)

Dear Mr. Magliocchetti:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please provide a Schedule B to support the entry reported on Line 23 of the Detailed Summary Page. Each contribution made to a federal candidate or committee must be itemized on Schedule B regardless of the amount contributed. 11 CFR §104.3(b)(3)(v)

-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Contributions to non-federal candidates and committees (ie. Friends of Robert Toricelli and Friends of Ben Cayetano) should be properly disclosed on a separate Schedule B, supporting Line 29 of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Erica Holder
Reports Analyst
Reports Analysis Division

9403930275

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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

Hand Delivered

DATE OF RECEIPT

10-20-97

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

SMH

PREPARER

10-20-97

DATE PREPARED

94639330276