



RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

PAUL MAGLIOCCHETTI ASSOCIATES, INC.  
POLITICAL ACTION COMMITTEE

JUL 23 11 25 AM '97

CRYSTAL SQUARE 5  
1755 JEFFERSON DAVIS HIGHWAY, SUITE 1107  
ARLINGTON, VIRGINIA 22202  
(703) 415-0144 • FAX (703) 415-0182

July 23, 1997

Federal Election Commission  
Public Records Office  
999 E. Street, NW  
Washington, DC 20463

I, \_\_\_\_\_ have received Paul Magliocchetti Associates, Inc., Political Action Committee's, I.D. # C00280321, FEC report for the period of January 1 - June 30, 1997.

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

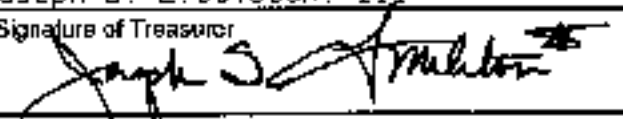
RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 23 11 29 AM '97

1. NAME OF COMMITTEE (in full) 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		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:  
 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	COLUMN B
5. Covering Period <u>1/01/97</u> through <u>5/30/97</u>		This Period	Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>97</u>			\$ 18,851.57
(b) Cash on Hand at Beginning of Reporting Period		\$ 18,851.57	
(c) Total Receipts (from line 18)		\$ 30,250.00	\$ 30,250.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 49,101.57	\$ 49,101.57
7. Total Disbursements (from Line 30)		\$ 31,780.00	\$ 31,780.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 17,321.57	\$ 17,321.57
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 800-424-9530 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, complete and correct.			
Type or Print Name of Treasurer Joseph S. Littleton, III			
Signature of Treasurer 		Date 7/22/97	

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

FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Magliocchetti Associates, Inc. Political Action Committee		REPORT COVERING PERIOD	
		FROM: 1/01/97	TO: 6/30/97
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		30,250.00	30,250.00
ii. Unitemized			
iii. Total (add i and ii)		30,250.00	30,250.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c)		30,250.00	30,250.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
18. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)		30,250.00	30,250.00
20. Total Federal Receipts (subtract line 18 from line 18)		30,250.00	30,250.00
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		30.00	30.00
c. Total Operating Expenditures (Add a i, a ii, and b)		30.00	30.00
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		31,500.00	31,500.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(c)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (Add a, b and c)			
29. Other Disbursements		250.00	250.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29e)		31,780.00	31,780.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		31,780.00	31,780.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		30,250.00	30,250.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		30,250.00	30,250.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		30.00	30.00
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35)		30.00	30.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of Detailed Summary Page	PAGE	OF
	1	3
FOR LINE NUMBER		11a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Veltri 6729 Huntsman Blvd. Springfield, VA 22152	Paul Magliocchetti Associates, Inc.	1/13/97	500.00
		2/5/97	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	3/13/97
<input type="checkbox"/> Other (specify):		Associate	Continued
		Aggregate Year-To-Date \$	
Kaylene Green P.O. Box 419 Dakton, VA 22124	Paul Magliocchetti Associates, Inc.	1/13/97	2,500.00
		2/19/97	2,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	
<input type="checkbox"/> Other (specify):		Associate	
		Aggregate Year-To-Date \$	5,000.00
Patrick Hiu 3652 Knox Court Woodbridge, VA 22193	Paul Magliocchetti Associates, Inc.	1/27/97	300.00
		2/5/97	300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	3/11/97
<input type="checkbox"/> Other (specify):		Associate	Continued
		Aggregate Year-To-Date \$	
Mark Wacławski 409 Colin Lane Nw Vienna, VA 22180	Paul Magliocchetti Associates, Inc.	2/19/97	350.00
		3/11/97	350.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	4/14/97
<input type="checkbox"/> Other (specify):		Associate	Continued
		Aggregate Year-To-Date \$	
Greg Hansen 8815 Arlington Blvd. Fairfax, VA 22031-2705	Paul Magliocchetti Associates, Inc.	2/19/97	300.00
		4/14/97	300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	5/7/97
<input type="checkbox"/> Other (specify):		Associate	Continued
		Aggregate Year-To-Date \$	
Joe Littleton 10220 Grovewood Way Fairfax, VA 22032	Paul Magliocchetti Associates, Inc.	2/21/97	500.00
		3/11/97	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	4/30/97
<input type="checkbox"/> Other (specify):		Associate	Continued
		Aggregate Year-To-Date \$	
Charlotte Tsoucalas 4000 Fort Worth Ave. Alexandria, VA 22304	Paul Magliocchetti Associates, Inc.	3/11/97	2,000.00
		4/7/97	2,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	
<input type="checkbox"/> Other (specify):		Associate	
		Aggregate Year-To-Date \$	4,000.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	14,850.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of Detailed Summary Pages

PAGE	OF
2	3
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, other than using the name and address of any political committee to solicit contributions from such committee.

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

**FEC ID No.** C00280321

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Thiel 12505 Lolly Post Ln. Woodbridge, VA 22192-1736	Paul Magliocchetti Associates, Inc.	4/8/97	1,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-To-Date \$ 1,500.00	
B. Full Name, Mailing Address and ZIP Code Nancy Magliocchetti 10203 Woodvale Pond Drive Fairfax Station, VA 22039	Name of Employer None	Date (month, day, year) 4/14/97	Amount of Each Receipt this Period 5,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code Tom Veltri 6729 Huntsman Blvd. Springfield, VA 22152	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 4/8/97 5/9/97 6/4/97	Amount of Each Receipt this Period 500.00 500.00 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-To-Date \$ 3,000.00	
D. Full Name, Mailing Address and ZIP Code Patrick Hill 3652 Knox Court Woodbridge, VA 22193	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 4/7/97 5/9/97 6/4/97	Amount of Each Receipt this Period 300.00 300.00 300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-To-Date \$ 1,800.00	
E. Full Name, Mailing Address and ZIP Code Mark Wacławski 409 Colin Lane N.W. Vienna, VA 22180	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 5/7/97 6/4/97	Amount of Each Receipt this Period 350.00 350.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-To-Date \$ 1,750.00	
F. Full Name, Mailing Address and ZIP Code Paul Magliocchetti 10203 Woodvale Pond Drive Fairfax Station, VA 22039	Name of Employer Self Employed Paul Magliocchetti Associates, Inc.	Date (month, day, year) 6/17/97	Amount of Each Receipt this Period 5,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-To-Date \$ 5,000.00	
G. 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) 6/4/97	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 \$ 1,200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	14,900.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page	PAGE	OF
	3	3
FORM 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 for 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

<b>A. Full Name, Mailing Address and ZIP Code</b> Joe Littleton 10220 Grovewood Way Fairfax, VA 22032	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Paul Magliocchetti Associates, Inc.	6/17/97	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date	
	Associate	2,000.00	
<b>B. Full Name, Mailing Address and ZIP Code</b>	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>C. Full Name, Mailing Address and ZIP Code</b>	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>D. Full Name, Mailing Address and ZIP Code</b>	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>E. Full Name, Mailing Address and ZIP Code</b>	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>F. Full Name, Mailing Address and ZIP Code</b>	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>G. Full Name, Mailing Address and ZIP Code</b>	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)	500.00
<b>TOTAL</b> This Period (last page this line number only)	30,250.00

**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, 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
Nations Bank 1425 South Eads Street Arlington, VA 22202	Re-order Deposit Slips Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Oper. Exp	5/22/97 5/29/97	10.00 10.00
B. Full Name, Mailing Address and ZIP Code Nations Bank 1425 South Eads Street Arlington, VA 22202	Re-order Deposit Slips Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Oper. Exp	6/6/97	10.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional)	30.00
<b>TOTAL</b> This Period (last page this line number only)	30.00

**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, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**  
 Paul Magliocchelli 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
Judd Gregg Cmte. P.O. Box 1812 Concord, NH 03302-1812	U.S. Senate R-NH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/3/97	1,000.00
Citizens for Arlen Specter 900 Second Street, #306 Washington, DC 20002	U.S. Senate R-PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/3/97	1,000.00
Friends of Senator D'Amato 425 Second St. NE Washington, DC 20002	U.S. Senate R-NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/12/97	1,000.00
Missourians for Kit Bond 507 Capitol Court NE, #100 Washington, DC 20002	U.S. Senate R-MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/12/97	1,000.00
Friends of J.C. Walls Ste. 120 2420 Springer Drive Norman, OK 73069	House of Reps. R-4-OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/12/97	1,000.00
Gordon Smith for U.S. Senate 425 Second St. NE Washington, DC 20002	U.S. Senate R-OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/12/97	1,000.00
Skeen for Congress 2233 Wisconsin Ave. NW #500 Washington, DC 20007	House of Reps. R-2-NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	500.00
Brownback for U.S. Senate PO Box 2008 Topeka, KS 66601	U.S. Senate R-KS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) '96 Debt	3/3/97	1,000.00
Friends of Jim Saxton P.O. Box 795 Mount Holly, NJ 08060-9943	House of Reps. R-3-NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	500.00

**SUBTOTAL** of Disbursements This Page (optional) . . . . . 8,000.00

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of Detailed Summary Form	PAGE 2 OF 5
	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, 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
Friends of Cong. Tim Holden 1800 West End Ave. Pottsville, PA 17901	House of Reps. D-6-PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	500.00
B. Full Name, Mailing Address and ZIP Code Keep McDade in Congress 514 Scranton Life Bldg. Scranton, PA 18503	House of Reps. R-10-PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Re-Elect Joe Moakley PO Box 1073 Boston, MA 02205-9832	House of Reps. D 9 MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	500.00
D. Full Name, Mailing Address and ZIP Code Friends of Cunningham #320, 613 W. Valley Parkway Escorido, CA 92055	House of Reps. R-51-CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	1,000.00
E. Full Name, Mailing Address and ZIP Code Re-Elect Brian Bilbray for Congress Suite 200 4451 Brookfield Corp. Drive San Diego, CA 92108	House of Reps. R-49-CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	500.00
F. Full Name, Mailing Address and ZIP Code Team Emerson for JoAnn Emerson PO Box 16621 Alexandria, VA 22302	House of Reps. R-8-MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/97	500.00
G. Full Name, Mailing Address and ZIP Code Baldacci for Congress '98 5501 Cherokee Ave. Suite 112 Alexandria, VA 22312	House of Reps. D-2-ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/97	500.00
H. Full Name, Mailing Address and ZIP Code Hefner for Congress Circo. PO Box 1159 Springfield, VA 22151-0159	House of Reps. D-8-NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/97	500.00
I. Full Name, Mailing Address and ZIP Code Bateman for Congress PO Box 1668 Yorktown, VA 23692	House of Reps. R-1-VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/97	500.00

**SUBTOTAL** of Disbursements This Page (optional) . . . . . 5,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of Detailed Summary Page **3** OF **5**  
**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, 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
Bartlett Re Elect PO Box 3662 Frederick, MD 21705	House of Reps. R-6-MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/97	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Carrie Morcella PO Box 5945 Bethesda, MD 20824	House of Reps. R-8-MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/97	500.00
C. Full Name, Mailing Address and ZIP Code Walsh for Congress Cmte. Edward J. Moran, Treasurer PO Box 1974 Syracuse, NY 13201	House of Reps. R-25-NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/97	500.00
D. Full Name, Mailing Address and ZIP Code Hunter for Congress 366 So. Pierce Street El Cajon, CA 92020	House of Reps. R-52-CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/97	500.00
E. Full Name, Mailing Address and ZIP Code Hoyer for Congress 7905 Malcolm Road Suite 102 Clinton, MD 20735	House of Reps. D-5-MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/97	1,000.00
F. Full Name, Mailing Address and ZIP Code Gephardt in Congress Cmte. 530 Seventh St., SE 2nd Floor Washington, DC 20003	House of Reps. D-3-MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/97	500.00
G. Full Name, Mailing Address and ZIP Code Lewis for Congress Cmte. 4451 Brookfield Corp. Drive Suite 200 Chantilly, VA 20151-1652	House of Reps. R 40-CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/97	500.00
H. Full Name, Mailing Address and ZIP Code Norm Dicks for Congress 400 North Capitol St., NW Suite 263 Washington, DC 20001	House of Reps. D-6-WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/97	1,000.00
I. Full Name, Mailing Address and ZIP Code Kempthorne '98 PO Box 1866 Boise, ID 83701	U.S. Senate R-ID Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/97	1,000.00
<b>SUBTOTAL</b> of Disbursements This Page (optional)			6,000.00
<b>TOTAL</b> This Period (last page this line number only)			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of Detailed Summary Page	PAGE 4	OF 5
		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, 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
Tom Davis for Congress PO Box 483 Dunn Loring, VA 22027	House of Reps. R-11-VA Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/97	1,000.00
B. Full Name, Mailing Address and ZIP Code Robert Torrice for U.S. Senate Suite 600 1300 Connecticut Ave., NW Washington, DC 20036	J.S. Senate D NJ Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt '96	5/14/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Hobson for Congress Cmte. 82 West Columbia Street Springfield, OH 45502	House of Reps. R-7-OH Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/97	1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Bob Livingston PO Box 6329 New Orleans, LA 70174-6329	House of Reps. R-1-LA Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/97	1,000.00
E. Full Name, Mailing Address and ZIP Code New Democratic Network 5501 Cherokee Ave. Suite 112 Alexandria, VA 22312	Democrats for Congress Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/97 6/12/97	1,500.00 1,500.00
F. Full Name, Mailing Address and ZIP Code Gene Jay for Congress PO Box 38 Bay St. Louis, MS 39520	House of Reps. D-5-MS Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/97	500.00
G. Full Name, Mailing Address and ZIP Code Friends of Chris Dodd 203 C Washington, DC 20002	U.S. Senate D CT Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/97	1,000.00
H. Full Name, Mailing Address and ZIP Code Fazio for Congress PO Box 2884 Washington, DC 20013	House of Reps. D-3-CA Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/97	1,000.00
I. Full Name, Mailing Address and ZIP Code Fowler for Congress Cmte. PO Box 380087 Jacksonville, FL 32205	House of Reps. R-4-FL Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/97	500.00
<b>SUBTOTAL of Disbursements This Page (optional)</b>			<b>10,000.00</b>
<b>TOTAL This Period (last page this line number only)</b>			

**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, 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
Moran for Congress 1225 19th St., NW 5th Floor Washington, DC 20036	House of Reps. D-8-VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/97	1,000.00
B. Full Name, Mailing Address and ZIP Code Tom Allen for Congress Cmte. PO Box 2884 Washington, DC 20013	House of Reps. D-1-ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97	500.00
C. Full Name, Mailing Address and ZIP Code Mike Pappas for Congress 1212 N. Vernon Street Arlington, VA 22201	House of Reps. R-12-NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97	500.00
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
<b>SUBTOTAL</b> of Disbursements This Page (optional)			2,000.00
<b>TOTAL</b> This Period (last page this line number only)			31,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page  
 PAGE 1 OF 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 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
Don Beyer for Governor 218 N. Lee Street Suite 313 Alexandria, VA 22314	Dcm.Cand. for Governor Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/7/97	250.00
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
<b>SUBTOTAL</b> of Disbursements This Page (optional)			250.00
<b>TOTAL</b> This Period (last page this line number only)			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

7-23-97

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

*SES*

PREPARED BY

7-23-97

DATE PREPARED