

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

REC-112
FEB 28 11 48 AM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|---|--|--|
| 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 qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date). | | |

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

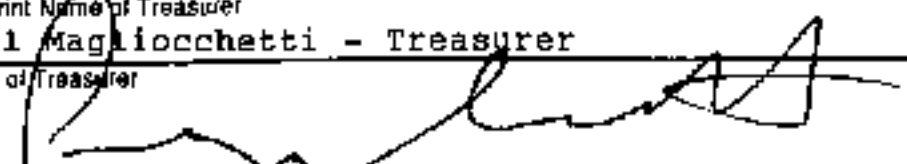
Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

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>January 1, 94</u> through <u>January 31, 1994</u> | | |
| 6. (a) Cash on Hand January 1, 19 <u>94</u> | | \$ 16,888.08 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 16,888.08 | |
| (c) Total Receipts (from Line 19) | \$ -0- | \$ -0- |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 16,888.08 | \$ 16,888.08 |
| 7. Total Disbursements (from Line 30) | \$ 1,000.00 | \$ 1,000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 15,888.08 | \$ 15,888.08 |
| 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 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-5423 |
| 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 Magliocchetti - Treasurer | Date 2/25/94 |
| Signature of Treasurer  | |

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

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

(revised 1/1/91)

| | |
|---|---|
| NAME OF COMMITTEE Paul Magliocchetti Assoc. Inc. - Political Action Committee | REPORT COVERING PERIOD FROM Jan. 1 94 TO: Jan 31 94 |
|---|---|

2 4 3 3 3 3 3 3 2

| | COLUMN A Total This Period | COLUMN B Calendar Year |
|--|-------------------------------|---------------------------|
| I. Receipts | | |
| 11. Contributions (other than loans) From: | | |
| a. Individual/Persons Other Than Political Committees | | |
| i. Itemized (use Schedule A) | -0- | -0- |
| ii. Unitemized | -0- | -0- |
| iii. Total | -0- | -0- |
| b. Political Party Committees | -0- | -0- |
| c. Other Political Committees (such as PACs) | -0- | -0- |
| d. Total Contributions | -0- | -0- |
| 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 | -0- | -0- |
| 20. Total Federal Receipts | -0- | -0- |

| | | |
|---|----------|----------|
| 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 | -0- | -0- |
| 22. Transfers to Affiliated/Other Party Committees | -0- | -0- |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 1,000.00 | 1,000.00 |
| 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. Individual/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 | -0- | -0- |
| 29. Other Disbursements | -0- | -0- |
| 30. Total Disbursements | 1,000.00 | 1,000.00 |
| 31. Total Federal Disbursements | 1,000.00 | 1,000.00 |

| | | |
|--|-----|-----|
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans)(from line 11d) | -0- | -0- |
| 33. Total Contribution Refunds (from line 28d) | -0- | -0- |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | -0- | -0- |
| 35. Total Federal Operating Expenditures | -0- | -0- |
| 36. Offsets to Operating Expenditures (from line 15) | -0- | -0- |

SCHEDULE A

ITEMIZED RECEIPTS

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 (If Full)
Paul Magliocchetti Associates Inc., Political Action Committee

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| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|-----------------------------|-------------------------|------------------------------------|
| NONE | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| B. 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 > \$ | | |
| 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 > \$ | | |
| D. 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 > \$ | | |
| 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 > \$ | | |
| 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 > \$ | | |
| 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 > \$ | | |

SUBTOTAL of Receipts This Page (Optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

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| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Committee for Sam Gibbons P.O. Box 2884 Washington, DC 20013 | U.S. House of Reps.- 11th Dist. Florida Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1/12/94 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | 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
 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

2-25-91

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

2-28-91
 DATE PREPARED

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