

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 19  
05/11/2000 10 : 08

<b>1. NAME OF COMMITTEE (in full)</b> <b>Paul Magliocchetti Associates, Inc. Political Action Committee</b>		<b>2. FEC IDENTIFICATION NUMBER</b> C00260321
<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 multi-candidate 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 \_\_\_\_\_  
(election type)  
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

<b>SUMMARY</b>		<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
5. Covering Period 07/01/1999 through 12/31/1999			
6. (a) Cash on Hand, January 1, 1999 .....			7180.57
(b) Cash on Hand at Beginning of Reporting Period .....		2779.87	
(c) Total Receipts (from line 19) .....		53389.96	97483.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....		56149.83	104649.83
7. Total Disbursements (from line 30) .....		24426.62	72926.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....		31723.21	31723.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		0.00	<b>For further information contact:</b> Federal Election Commission 989 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 Joseph S. Littleton, III</b>			
Signature of Treasurer			Date 05/10/2000

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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**FEC FORM 3X**  
(revised 9/98)

# **DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS**

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(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 07/01/1999 TO: 12/31/1999	
<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) .....	53369.96	97383.26	11.a.i.
ii. Unitemized .....	0.00	100.00	11.a.ii.
iii. Total ..... (add i and ii)*	53369.96	97483.26	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 ..... (add a iii, b and c)*	53369.96	97483.26	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 ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18)*	53369.96	97483.26	19.
20. Total Federal Receipts ..... (subtract line 18 from line 19)*	53369.96	97483.26	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 ..... (add a i, a ii, and b)*	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 .....	21500.00	70000.00	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 .....	2916.62	2916.62	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 ..... (add a, b, and c)*	2916.62	2916.62	28.d.
29. Other Disbursements .....	10.00	10.00	29.
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)*	24426.62	72926.62	30.
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30)*	24426.62	72926.62	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	53369.96	97483.26	32.
33. Total Contribution Refunds (from line 28d) .....	2916.62	2916.62	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	50453.34	94566.64	34.
35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b)*	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures ..... (subtract line 36 from 35)*	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 / 19</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.					
<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> Greg Hansen  8815 Arlington Blvd.  Fairfax VA 22031-2705		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 07/06/1998	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 400.00	
		<b>Aggregate Year-to-Date</b> > \$ 2400.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Tim Sanders  4534 Cornwell Drive  Annandale VA 22003		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 07/06/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 2500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandy Welch  5834 Robbins Nest Lane  Burke VA 22015		<b>Name of Employer</b> Paul Magliocchetti Associ- ates		<b>Date (month, day, year)</b> 07/06/1998	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 470.00	
		<b>Aggregate Year-to-Date</b> > \$ 2400.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Fred Clark  701 North Illinois Street  Arlington VA 22205		<b>Name of Employer</b> Paul Magliocchetti Associa- tes, Inc.		<b>Date (month, day, year)</b> 07/12/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 1000.00	
		<b>Aggregate Year-to-Date</b> > \$ 5000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Pat Hiu  3652 Knox Court  Woodbridge VA 22193		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 07/12/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 300.00	
		<b>Aggregate Year-to-Date</b> > \$ 1800.00			
<b>Full Name, Mailing Address, and ZIP Code</b> John Lynch  16719 Osterbury Ct.  Dumfries VA 22026		<b>Name of Employer</b> Paul Magliocchetti Associ- ates		<b>Date (month, day, year)</b> 07/12/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 416.66	
		<b>Aggregate Year-to-Date</b> > \$ 2488.66			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Steve Maday  10522 Providence Way  Fairfax VA 22030		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 07/12/1998	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> 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 / 19</b>
				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> Mark Wladawski  408 Collin Lane NW  Vienna VA 22180		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 07/12/1998	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 1000.00	
		<b>Aggregate Year-to-Date</b> > \$ 3500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Dan Cunningham  3442 Mt. Burnside Way  Woodbridge VA 22192		<b>Name of Employer</b> Paul Magliocchetti Associ- ates		<b>Date (month, day, year)</b> 07/13/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 1000.00	
		<b>Aggregate Year-to-Date</b> > \$ 4000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Daniel Fleming  6488 Crayford Street  Burke VA 22015-4178		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 07/13/1998	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 1000.00	
		<b>Aggregate Year-to-Date</b> > \$ 3000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Sean Fogarty  9506 Yawl Court  Burke VA 22015		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 07/16/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 3000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Dan Cunningham  3442 Mt. Burnside Way  Woodbridge VA 22192		<b>Name of Employer</b> Paul Magliocchetti Associ- ates		<b>Date (month, day, year)</b> 08/09/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 4500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Greg Hansen  8815 Arlington Blvd.  Fairfax VA 22031-2705		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 08/09/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 400.00	
		<b>Aggregate Year-to-Date</b> > \$ 2800.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph S. Littleton, III  10220 Greenwood Way  Fairfax VA 22032		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 08/09/1998	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 3500.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> 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>5 / 19</b>
				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> John Lynch  16718 Osterbury Ct.  Dumfries VA 22026		<b>Name of Employer</b> Paul Magliocchetti Associates  <b>Occupation</b> Associate		<b>Date (month, day, year)</b> 08/09/1999  <b>Amount of Each Receipt this Period</b> 416.65	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 2518.62			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Steve Madey  10522 Providence Way  Fairfax, VA 22030		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate		<b>Date (month, day, year)</b> 08/09/1999  <b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Ms Kelli Short  2400 Glebe Road Apt # 506 Arlington VA 22206		<b>Name of Employer</b> Paul Magliocchetti Associates  <b>Occupation</b> Legislative Assistant		<b>Date (month, day, year)</b> 08/09/1999  <b>Amount of Each Receipt this Period</b> 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 200.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Brian Thiel  12505 Lolly Post Lane  Woodbridge VA 22192		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate		<b>Date (month, day, year)</b> 08/09/1999  <b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 2000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mark Wladawski  409 Colin Lane NW  Vienna VA 22180		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate		<b>Date (month, day, year)</b> 08/09/1999  <b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 4000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandy Welch  5634 Robbins Nest Lane  Burke VA 22015		<b>Name of Employer</b> Paul Magliocchetti Associates  <b>Occupation</b> Associate		<b>Date (month, day, year)</b> 08/09/1999  <b>Amount of Each Receipt this Period</b> 470.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 2870.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Pat Hiu  3652 Knox Court  Woodbridge VA 22193		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate		<b>Date (month, day, year)</b> 08/12/1999  <b>Amount of Each Receipt this Period</b> 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 2100.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> 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	6 / 19
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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> Mr. Tim Sanders  4534 Cornwall Drive  Annandale VA 22003		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 08/18/1998	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 3000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Charles Smith  1050 North Taylor Street  Arlington VA 22201		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 08/18/1998	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 150.00	
		<b>Aggregate Year-to-Date</b> > \$ 1150.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Sean Fogarty  9506 Yawl Court  Burke VA 22015		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 08/20/1998	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 3500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Dan Cunningham  3442 Mt. Burnside Way  Woodbridge VA 22192		<b>Name of Employer</b> Paul Magliocchetti Associ- ates		<b>Date (month, day, year)</b> 09/01/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 5000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph S. Littleton, III  10220 Groveswood Way  Fairfax VA 22032		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 09/01/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 4000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> John Lynch  16719 Osterbury Ct.  Dumfries VA 22026		<b>Name of Employer</b> Paul Magliocchetti Associ- ates		<b>Date (month, day, year)</b> 09/01/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 416.66	
		<b>Aggregate Year-to-Date</b> > \$ 3333.28			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Steve Maday  10522 Providence Way  Fairfax VA 22030		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 09/01/1998	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 1500.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> 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>7 / 19</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.					
<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> Mrs Kell Short  2400 Glebe Road Apt # 506 Arlington VA 22206		<b>Name of Employer</b> Paul Magliocchetti Associ- ates		<b>Date (month, day, year)</b> 09/07/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Legislative Assistant		<b>Amount of Each Receipt this Period</b> 100.00	
		<b>Aggregate Year-to-Date</b> > \$ 300.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Daniel Fleming  6488 Crayford Street  Burke VA 22015-4178		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 09/11/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 3500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Greg Hansen  8815 Arlington Blvd.  Fairfax VA 22031-2705		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 09/11/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 400.00	
		<b>Aggregate Year-to-Date</b> > \$ 3200.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandy Welch  5834 Robbins Nest Lane  Burke VA 22015		<b>Name of Employer</b> Paul Magliocchetti Associ- ates		<b>Date (month, day, year)</b> 09/11/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 470.00	
		<b>Aggregate Year-to-Date</b> > \$ 3340.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Pat Hiu  3652 Knox Court  Woodbridge VA 22193		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 09/15/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 300.00	
		<b>Aggregate Year-to-Date</b> > \$ 2400.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Tim Sanders  4534 Cornwell Drive  Annandale VA 22003		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 09/15/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 3500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mark Wladewski  408 Colin Lane NW  Vienna VA 22180		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 09/15/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 4500.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> 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>8 / 19</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.					
<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> Sean Fogarty  9506 Yawl Court  Burke VA 22015		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 09/21/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 4000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Alan Ptak  916 Harriman Street  Great Falls VA 22066-2535		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 09/21/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 2500.00	
		<b>Aggregate Year-to-Date</b> > \$ 2500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Brian Thiel  12505 Lolly Post Lane  Woodbridge VA 22192		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 09/21/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 2500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Pat Hlu  3852 Knox Court  Woodbridge VA 22193		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 10/04/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 300.00	
		<b>Aggregate Year-to-Date</b> > \$ 2700.00			
<b>Full Name, Mailing Address, and ZIP Code</b> John Lynch  16719 Osterbury Ct.  Dumfries VA 22026		<b>Name of Employer</b> Paul Magliocchetti Associ- ates		<b>Date (month, day, year)</b> 10/04/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 416.66	
		<b>Aggregate Year-to-Date</b> > \$ 3749.94			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Alan Ptak  916 Harriman Street  Great Falls VA 22066-2535		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 10/04/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 2500.00	
		<b>Aggregate Year-to-Date</b> > \$ 5000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Steve Maday  10522 Providence Way  Fairfax VA 22030		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 10/13/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 2000.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> 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>9 / 19</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.					
<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> Mrs Kell Short  2400 Glebe Road Apt # 506 Arlington VA 22206	<b>Name of Employer</b> Paul Magliocchetti Associ- ates	<b>Date (month, day, year)</b> 10/13/1998	<b>Amount of Each Receipt this Period</b> 100.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Legislative Assistant				
<b>Aggregate Year-to-Date</b> > \$ 400.00					
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Charles Smith  1050 North Taylor Street  Arlington VA 22201	<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.	<b>Date (month, day, year)</b> 10/13/1999	<b>Amount of Each Receipt this Period</b> 250.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Associate				
<b>Aggregate Year-to-Date</b> > \$ 1400.00					
<b>Full Name, Mailing Address, and ZIP Code</b> Mark Wladewski  408 Colin Lane NW  Vienna VA 22180	<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.	<b>Date (month, day, year)</b> 10/13/1998	<b>Amount of Each Receipt this Period</b> 500.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Associate				
<b>Aggregate Year-to-Date</b> > \$ 5000.00					
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandy Welch  5834 Robbins Nest Lane  Burke VA 22015	<b>Name of Employer</b> Paul Magliocchetti Associ- ates	<b>Date (month, day, year)</b> 10/13/1999	<b>Amount of Each Receipt this Period</b> 250.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Associate				
<b>Aggregate Year-to-Date</b> > \$ 3590.00					
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Tim Sanders  4534 Cornwell Drive  Annandale VA 22003	<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.	<b>Date (month, day, year)</b> 10/14/1999	<b>Amount of Each Receipt this Period</b> 500.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Associate				
<b>Aggregate Year-to-Date</b> > \$ 4000.00					
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandy Welch  5834 Robbins Nest Lane  Burke VA 22015	<b>Name of Employer</b> Paul Magliocchetti Associ- ates	<b>Date (month, day, year)</b> 10/14/1999	<b>Amount of Each Receipt this Period</b> 220.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Associate				
<b>Aggregate Year-to-Date</b> > \$ 3810.00					
<b>Full Name, Mailing Address, and ZIP Code</b> Sean Fogarty  9506 Yawl Court  Burke VA 22015	<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.	<b>Date (month, day, year)</b> 11/01/1998	<b>Amount of Each Receipt this Period</b> 500.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Associate				
<b>Aggregate Year-to-Date</b> > \$ 4500.00					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> 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>10 / 19</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.					
<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> Greg Hansen  8815 Arlington Blvd.  Fairfax VA 22031-2705		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 11/01/1998	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 400.00	
		<b>Aggregate Year-to-Date</b> > \$ 3600.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Daniel Fleming  6488 Crayford Street  Burke VA 22015-4178		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 11/04/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 750.00	
		<b>Aggregate Year-to-Date</b> > \$ 4250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> John Lynch  16719 Osterbury Ct.  Dumfries VA 22026		<b>Name of Employer</b> Paul Magliocchetti Associ- ates		<b>Date (month, day, year)</b> 11/04/1998	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 416.66	
		<b>Aggregate Year-to-Date</b> > \$ 4166.66			
<b>Full Name, Mailing Address, and ZIP Code</b> Greg Hansen  8815 Arlington Blvd.  Fairfax VA 22031-2705		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 11/05/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 400.00	
		<b>Aggregate Year-to-Date</b> > \$ 4000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandy Welch  5834 Robbins Nest Lane  Burke VA 22015		<b>Name of Employer</b> Paul Magliocchetti Associ- ates		<b>Date (month, day, year)</b> 11/05/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 470.00	
		<b>Aggregate Year-to-Date</b> > \$ 4280.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Tim Sanders  4534 Cornwell Drive  Annandale VA 22003		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 11/13/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 4500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Brian Thiel  12505 Lolly Post Lane  Woodbridge VA 22192		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 11/13/1998	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 5000.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> 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>11 / 19</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.					
<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> Pat Hiu  3652 Knox Court  Woodbridge VA 22193		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate		<b>Date (month, day, year)</b> 11/15/1998  <b>Amount of Each Receipt this Period</b> 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 3000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph S. Littleton III  10220 Greenwood Way  Fairfax VA 22032		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate		<b>Date (month, day, year)</b> 11/15/1999  <b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 4500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Steve Maday  10522 Providence Way  Fairfax VA 22030		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate		<b>Date (month, day, year)</b> 11/15/1998  <b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 2500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Ms Kell Short  2400 Glebe Road Apt # 508 Arlington VA 22206		<b>Name of Employer</b> Paul Magliocchetti Associates  <b>Occupation</b> Legislative Assistant		<b>Date (month, day, year)</b> 12/03/1999  <b>Amount of Each Receipt this Period</b> 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandy Welch  5834 Robbins Nest Lane  Burke VA 22015		<b>Name of Employer</b> Paul Magliocchetti Associates  <b>Occupation</b> Associate		<b>Date (month, day, year)</b> 12/03/1999  <b>Amount of Each Receipt this Period</b> 470.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 4750.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Daniel Ferring  6488 Crayford Street  Burke VA 22015-4178		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate		<b>Date (month, day, year)</b> 12/17/1999  <b>Amount of Each Receipt this Period</b> 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> > \$ 5000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Pat Hiu  3652 Knox Court  Woodbridge VA 22193		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate		<b>Date (month, day, year)</b> 12/17/1998  <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>Aggregate Year-to-Date</b> > \$ 4000.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> 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>12 / 19</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.					
<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> John Lynch  16718 Osterbury Ct.  Dumfries VA 22026		<b>Name of Employer</b> Paul Magliocchetti Associ- ates		<b>Date (month, day, year)</b> 12/17/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 416.65	
		<b>Aggregate Year-to-Date</b> > \$ 4583.28			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Steve Madey  10522 Providence Way  Fairfax, VA 22030		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 12/17/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 3000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Tim Sanders  4634 Cornwell Drive  Annandale VA 22003		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 12/17/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 5000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Bill Berl  7 Hawthorne Court  Stafford VA 22554		<b>Name of Employer</b> Paul Magliocchetti Associa- tes, Inc.		<b>Date (month, day, year)</b> 12/30/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 5000.00	
		<b>Aggregate Year-to-Date</b> > \$ 5000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Sean Fogarty  9506 Yawl Court  Burke VA 22015		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 12/30/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 5000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Greg Hansen  6615 Arlington Blvd.  Fairfax VA 22031-2705		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 12/30/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 1000.00	
		<b>Aggregate Year-to-Date</b> > \$ 5000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph S. Littleton, III  10220 Grovewood Way  Fairfax VA 22032		<b>Name of Employer</b> Paul Magliocchetti Associ- ates, Inc.		<b>Date (month, day, year)</b> 12/30/1999	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Amount of Each Receipt this Period</b> 500.00	
		<b>Aggregate Year-to-Date</b> > \$ 5000.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> 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>13 / 19</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.					
<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> Nancy Magliocchetti  10203 Woodvale Pond Dr.  Fairfax Station VA 22030		<b>Name of Employer</b> None		<b>Date (month, day, year)</b> 12/30/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b>  Aggregate Year-to-Date > \$ 5000.00		<b>Amount of Each Receipt this Period</b> 5000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Paul Magliocchetti  10203 Woodvale Pond Dr.  Fairfax Station VA 22039		<b>Name of Employer</b> Self		<b>Date (month, day, year)</b> 12/30/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> President  Aggregate Year-to-Date > \$ 5000.00		<b>Amount of Each Receipt this Period</b> 5000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Charles Smith  1050 North Taylor Street  Arlington VA 22201		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.		<b>Date (month, day, year)</b> 12/30/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate  Aggregate Year-to-Date > \$ 2400.00		<b>Amount of Each Receipt this Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandy Welch  5834 Robbins Nest Lane  Burke VA 22015		<b>Name of Employer</b> Paul Magliocchetti Associates		<b>Date (month, day, year)</b> 12/30/1999	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate  Aggregate Year-to-Date > \$ 5000.00		<b>Amount of Each Receipt this Period</b> 250.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					<b>53369.96</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>14 / 19</b>
				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 or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<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> BOB BRADY FOR CONGRESS  ONE LOGAN SQUARE SUITE 2929  PHILADELPHIA PA 19103	<b>Purpose of Disbursement</b> To identify correct recipient (House - PA - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/13/1998	<b>Amount of Each Disbursement This Period</b> 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> DOOLEY FOR CONGRESS  PO BOX 1367  VISALIA CA 93279	<b>Purpose of Disbursement</b> To identify correct recipient (House - CA - 20) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/13/1998	<b>Amount of Each Disbursement This Period</b> 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Rep. Norm Dicks  Norm Dicks for Congress 4451 North Capitol St. NW Washington DC 20001	<b>Purpose of Disbursement</b> 4/20/98 (\$8 General) check never cashed (House - WA - 6) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/01/1998	<b>Amount of Each Disbursement This Period</b> -1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS FOR CONGRESS COMMITTEE  PO BOX 247  REDLANDS CA 92373	<b>Purpose of Disbursement</b> 4/20/98 (\$8 Primary) check never cashed (House - CA - 40) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/01/1998	<b>Amount of Each Disbursement This Period</b> -500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ROBB FOR THE SENATE  POST OFFICE BOX 1279  MCLEAN VA 22101	<b>Purpose of Disbursement</b> (Senate - VA - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/13/1998	<b>Amount of Each Disbursement This Period</b> 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> EVA CLAYTON COMMITTEE FOR CONGRESS 307 W FRANKLIN STREET WARRENTON NC 27589	<b>Purpose of Disbursement</b> (House - NC - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/21/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Rep. John Sununu  Sununu for Congress 330 5th St. SE Apt. A Washington DC 20003	<b>Purpose of Disbursement</b> (House - NH - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/21/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MCCOLLUM, BILL  POST OFFICE BOX 532015  ORLANDO FL 32853	<b>Purpose of Disbursement</b> (Senate - FL - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/27/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> BLAGOJEVICH FOR CONGRESS  3649 N KEDZIE AVE  CHICAGO IL 60618	<b>Purpose of Disbursement</b> (House - IL - 05) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/28/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	15 / 19
					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 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) <b>Paul Magliocchetti Associates, Inc. Political Action Committee</b>					
Full Name, Mailing Address, and ZIP Code HOOLEY FOR CONGRESS  6545 FALLING STREET  WEST LINN OR 97068		Purpose of Disbursement  (House - OR - 05) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 08/02/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code COMBEST CONGRESSIONAL COMMITTEE P O BOX 10667  LUBBOCK TX 79408		Purpose of Disbursement  (House - TX - 15) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 08/21/1998	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code ALAN MOLLOHAN FOR CONGRESS COMMITTEE PO BOX 1343  FAIRMONT WV 26555		Purpose of Disbursement  (House - WV - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/21/1998	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Rep. Tom Sawyer  The Tom Sawyer Committee PO Box 75214 Washington DC 20013-5214		Purpose of Disbursement  (House - OH - 14) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/21/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code EHRlich FOR CONGRESS COMMITTEE  1301 YORK RD SUITE 705  LUTHERVILLE MD 21093		Purpose of Disbursement  (House - MD - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/22/1998	Amount of Each Disbursement This Period 250.00
Full Name, Mailing Address, and ZIP Code J C JR WATTS  PO BOX 720445  NORMAN OK 73070		Purpose of Disbursement  (House - OK - 04) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/22/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code MCCRERY FOR CONGRESS  1900 CNB TOWER 333 TEXAS STREET 333 TEXAS STREET SHREVEPORT LA 71101		Purpose of Disbursement  (House - LA - 04) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/29/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Coble, Howard  Coble for Congress 4451 Brookfield Corp. Dr., Ste. 200 Chantilly VA 20151-1652		Purpose of Disbursement  (House - NC - 6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/30/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code FRIENDS OF CONRAD BURNS - 2000  PO BOX 1532  BILLINGS MT 59103		Purpose of Disbursement  (Senate - MT - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/30/1998	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional) .....					
TOTALS This Period (last page this line number only) .....					

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>16 / 19</b>
				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 or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<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> WELDON FOR CONGRESS COMMITTEE; THE P O BOX 1992  MEDIA PA 19063	<b>Purpose of Disbursement</b>  (House - PA - 07) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/30/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> COMMITTEE TO RE-ELECT CONGRES- SWOMAN MARGE ROUKEMA P O BOX 625  RIDGEWOOD NJ 07451	<b>Purpose of Disbursement</b>  (House - NJ - 05) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/05/1998	<b>Amount of Each Disbursement This Period</b> 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> WALSH FOR CONGRESS COMMITTEE  306 WINKWORTH PARKWAY  SYRACUSE NY 13215	<b>Purpose of Disbursement</b>  (House - NY - 25) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/05/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF ERNEST ISTOOK  PO BOX 42345  OKLAHOMA CITY OK 73123	<b>Purpose of Disbursement</b>  (House - OK - 05) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/06/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF HOUGHTON  POST OFFICE BOX 1107  CORNING NY 14830	<b>Purpose of Disbursement</b>  (House - NY - 31) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/06/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF JIM SAXTON  P O BOX 795  MT HOLLY NJ 08060	<b>Purpose of Disbursement</b>  (House - NJ - 03) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/06/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Rep. Tim Holden  Friends of Cong. Tim Holden 1800 West End Ave. Pottsville PA 17901	<b>Purpose of Disbursement</b>  (House - PA - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/06/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> NEW DEMOCRAT NETWORK  501 CAPITOL COURT NE SUITE 200  WASHINGTON DC 20002	<b>Purpose of Disbursement</b>  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/06/1998	<b>Amount of Each Disbursement This Period</b> 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS FOR CONGRESS COMMITTEE  PO BOX 247  REDLANDS CA 92373	<b>Purpose of Disbursement</b>  (House - CA - 40) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/12/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>17 / 19</b>
				FOR LINE NUMBER <b>23</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.					
<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> AMERIPAC  140 COVANT #2  MANCHESTER NH 03102	<b>Purpose of Disbursement</b>  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/13/1998	<b>Amount of Each Disbursement This Period</b> 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> BALDACCI FOR CONGRESS  PO BOX 623  BANGOR ME 04402	<b>Purpose of Disbursement</b> (House - ME - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/13/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KAPTUR FOR CONGRESS  P O BOX 899  TOLEDO OH 43691	<b>Purpose of Disbursement</b> (House - OH - 09) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/13/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> PASTOR FOR ARIZONA  PO BOX 6554  PHOENIX AZ 85005	<b>Purpose of Disbursement</b> (House - AZ - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/13/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> COMMITTEE TO ELECT MCHUGH  PO BOX 6161  WATERTOWN NY 13601	<b>Purpose of Disbursement</b> (House - NY - 24) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/20/1998	<b>Amount of Each Disbursement This Period</b> 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Rep. Randy Cunningham  Friends of Cunningham 613 W. Valley Parkway Escondido CA 92055	<b>Purpose of Disbursement</b> (House - CA - 51) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/20/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HAL ROGERS FOR CONGRESS  PO BOX 1214 EAST MT VERNON ST SOMERSET KY 42502	<b>Purpose of Disbursement</b> (House - KY - 05) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/20/1998	<b>Amount of Each Disbursement This Period</b> 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Rep. Connie Morella  Friends of Connie Morella PO Box 5545 Bethesda MD 20824	<b>Purpose of Disbursement</b> (House - MD - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/20/1998	<b>Amount of Each Disbursement This Period</b> 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LARSON FOR CONGRESS  29 RUFF CIRCLE  GLASTONBURY CT 06033	<b>Purpose of Disbursement</b> (House - CT - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/21/1998	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page		<b>18 / 19</b>
					FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) <b>Paul Magliocchetti Associates, Inc. Political Action Committee</b>					
Full Name, Mailing Address, and ZIP Code ANNE NORTHUP FOR CONGRESS  PO BOX 7313  LOUISVILLE KY 40257		Purpose of Disbursement  (House - KY - 03) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/27/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code CHAMBLISS FOR CONGRESS  P.O. BOX 4084  MACON GA 31208		Purpose of Disbursement  (House - GA - 06) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/03/1998	Amount of Each Disbursement This Period 500.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional)					
<b>TOTALS</b> This Period (last page this line number only)					<b>21500.00</b>

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