



PAUL MAGLIOCCHETTI ASSOCIATES, INC.
POLITICAL ACTION COMMITTEE

DEC 20 11 07 AM '94

CRYSTAL SQUARE 5
1755 JEFFERSON DAVIS HIGHWAY, SUITE 1107
ARLINGTON, VIRGINIA 22202
(703) 415-0344 • FAX (703) 415-0182

December 6, 1994

Federal Election Commission
Reports and Recordkeeping Division
999 E Street, NW
Washington, DC 20463

Re: Paul Magliocchetti Associates, Inc. PAC, FEC #C00280321

To Whom It May Concern:

Enclosed are amended reports for all reporting periods beginning March 1, 1994, through October 19, 1994 (Pre-General Election Report). These amendments are required because of two errors discovered in reviewing reports filed by this organization over the past year.

The first error was on the March 1994 report, due on April 20, 1994. On Schedule B, page two of two, item B, the contribution to Bateman for Congress was incorrectly reported as \$500. That amount should have been \$1,000 and has been corrected on the amended report. Contribution limits for neither the primary nor general elections have been exceeded.

The second error was on the June 1994 report due on July 20, 1994. On Schedule B, item C, the contribution to Friends of Frank Wolf '94 was incorrectly reported as \$500. That amount should have been \$1,000 and has been corrected on the amended report. Contribution limits for neither the primary nor general elections have been exceeded.

These two errors resulted in incorrect totals being reported on the Detailed Summary Pages, lines 23, 30, and 31, and on the Summary Pages, lines 6(b) and (d), 7, and 8, of all reports filed for the periods between March 1, 1994, and October 19, 1994. Therefore, each report has been amended to reflect corrected totals.

I apologize for any inconvenience this has caused in your recordkeeping efforts. Your assistance in insuring that these amendments are properly recorded will be appreciated. Thank you.

Sincerely,


Paul J. Magliocchetti
Treasurer

Enclosures

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

Dec 20 11 37 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Paul Magliocchetti Associates, Inc. - Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1755 Jefferson Davis Highway, Suite 1107	2. FEC IDENTIFICATION NUMBER C00280321
CITY, STATE and ZIP CODE Arlington, Virginia 22202	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input checked="" type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

Twelfth day report preceding General
(Type of Election)

election on Nov. 8 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>10/1/94</u> through <u>10/19/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 16,888.08
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,784.18	
(c) Total Receipts (from line 10)	\$ 2,000.00	\$ 20,940.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4,784.18	\$ 45,828.08
7. Total Disbursements (from Line 30)	\$ 2,537.54	\$ 43,581.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,246.64	\$ 2,246.64
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 202-219-8420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

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

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

Signature of Treasurer Date
12-6-94

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

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

(revised 1/1/91)

NAME OF COMMITTEE <u>Paul Magliocchetti Associates, Inc. - Political Action Committee</u>		REPORT COVERING PERIOD FROM: 10/1/94 TO: 10/19/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)		2,000.00	28,940.00
ii. Unitemized		-0-	-0-
iii. Total	(add i and ii) ▶	2,000.00	28,940.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions	(add a ii, b and c) ▶	2,000.00	28,940.00
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)		-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	2,000.00	28,940.00
20. Total Federal Receipts	(subtract line 18 from line 19) ▶	2,000.00	28,940.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H-4)			
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		37.54	81.44
c. Total Operating Expenditures	(Add a ii, a ii, and b) ▶	37.54	81.44
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		2,500.00	42,500.00
24. Independent Expenditures (Use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (Use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds	(Add a, b and c) ▶	-0-	-0-
29. Other Disbursements		-0-	1,000.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	2,537.54	43,581.44
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) ▶	2,537.54	43,581.44
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11 d)		2,000.00	28,940.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)		2,000.00	28,940.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) ▶	37.54	81.44
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures	(subtract line 36 from 35) ▶	37.54	81.44

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SCHEDULE A

ITEMIZED RECEIPTS

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

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

FEC ID No. C00280321

A. Full Name, Mailing Address and ZIP Code Brian Thiel 1205 Lolly Post Lane Woodbridge, VA 22192 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-To-Date > \$ 4,000.00	Date (month, day, year) 10/3/94	Amount of Each Receipt this Period 2,000.00
B. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

FEC ID No. C00280321

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Befner for Congress Committee 7426 Fountain Head Drive Annandale, VA 22003	US House 8th Dist NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/94	500.00
B. Full Name, Mailing Address and ZIP Code Committee for R.V. Dellums P.O. Box 29164 Oakland, CA 94604	US House 9th Dist CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Sisisky for Congress P.O. Box 2062 Pettersburg, VA 23804	US House 4th Dist VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/94	500.00
D. Full Name, Mailing Address and ZIP Code Pickett for Congress P.O. Box 2127 Virginia Beach, VA 23452	US House 2nd Dist VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/94	500.00
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	2,500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

9 4 0 3 9 5 4 1 4 3 5

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

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

12-19-91

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

12-20-91
DATE PREPARED

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