

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Paul Magliocchetti Associates Political Action Committee	2. DATE 2/26/93
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 2001 Jefferson Davis Highway Suite 405	3. FEC IDENTIFICATION NUMBER _____
(c) City, State and ZIP Code Arlington, VA 22202	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Paul Magliocchetti Associates, Inc.	2001 Jefferson Davis Hwy Suite 405 Arlington, VA 22202	Connected

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Kaylene H. Green	2001 Jeff. Davis Hwy. Suite 405 Arlington, Virginia 22202	Ass't Treasurer

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Paul J. Magliocchetti	2001 Jefferson Davis Hwy. Suite 405	Treasurer
Kaylene H. Green	Arlington, VA 22202	Ass't Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Nations Bank	2301 Jefferson Davis Hwy Arlington, VA 22202

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

TYPE OR PRINT NAME OF TREASURER Paul J. Magliocchetti	SIGNATURE OF TREASURER 	DATE 2-28-93
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

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Eric [Signature]
PREPARER

3/8/93
DATE PREPARED

9 3 J 3 8 3 0 5 4 9 4