

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE DIVISION

Nov 17 10 10 AM '93

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 Highway, Suite 1107		3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE Arlington, VA 22202		

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

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SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	October 1, 93 through October 31, 93		
6. (a)	Cash on Hand January 1, 19 _____		\$ -0-
(b)	Cash on Hand at Beginning of Reporting Period	\$ 5,138.08	
(c)	Total Receipts (from Line 19)	\$ 4,500.00	\$ 21,551.54
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 9,638.08	\$ 21,551.54
7.	Total Disbursements (from Line 30)	\$ 2,500.00	\$ 14,413.46
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,138.08	\$ 7,138.08
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Type or Print Name of Treasurer Kaylene H. Green - Assistant Treasurer	Date 11/9/93
Signature of Treasurer <i>Kaylene H. Green</i>	

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 Associates, Inc Political Action Committee		REPORT COVERING PERIOD FROM October 1 to October 31	
		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)	4,500.00	21,400.00
ii.	Unitemized	-0-	100.00
iii.	Total (add i and ii) >	4,500.00	21,500.00
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contributions (add a iii, b and c) >	4,500.00	21,500.00
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-	51.54
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) >	4,500.00	21,551.54
20.	Total Federal Receipts (subtract line 18 from line 19) >	4,500.00	21,551.54
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-	113.46
c.	Total Operating Expenditures (add a i, a ii, and b) >	-0-	113.46
22.	Transfers to Affiliated Other Party Committees	-0-	-0-
23.	Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	14,300.00
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-	-0-
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,500.00	14,413.46
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,500.00	14,300.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	2,500.00	21,500.00
33.	Total Contribution Refunds (from line 28d)	-0-	-0-
34.	Net Contributions (other than loans)(subtract line 33 from 32)	2,500.00	21,500.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	113.46
36.	Offsets to Operating Expenditures (from line 15)	-0-	51.54
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	61.92

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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**

A. Full Name, Mailing Address and ZIP Code Mark Waclawski 3869 Ogilvie Court Woodbridge, VA 22192	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 10/6/93	Amount of Each Receipt this Period 2,000.00
	Occupation Associate Aggregate Year-to-Date > \$ 4,000.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
B. Full Name, Mailing Address and ZIP Code Larry Naehr 11820 Antientam Road Woodbridge, VA 22192	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 10/15/93	Amount of Each Receipt this Period 500.00
	Occupation Associate Aggregate Year-to-Date > \$ 1,500.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
C. Full Name, Mailing Address and ZIP Code Brian Thiel 1205 Lolly Post Lane Woodbridge, VA 22192	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 10/27/93	Amount of Each Receipt this Period 2,000.00
	Occupation Associate Aggregate Year-to-Date > \$ 4,000.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

SUBTOTAL of Receipts This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	4,500.00

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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**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Wilson Committee 4604 Deming Avenue Alexandria, VA 22312	US House of Reps-2nd District - Texas Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/4/93	\$1,000.00
Sisiky for congress Committee P.O. Box 55873 Washington, DC 20035-5873	US HOUSE of Reps 4th Dist. VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/93	\$500.00
Keep McDade in Congress 3869 Beach Down Drive Chantilly, VA 22021	US House of Reps - 10th Dist - PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/93	500.00
LF Payne for Congress PO Box 2884 Washington, DC 20013	US House of Reps-5th dist. VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/93	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 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 (list use this line number only) 2,500.00

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**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.

<input type="checkbox"/>	Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED 11/10/93
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/>	Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/>	Other (Specify):	POSTMARKED
		and/or DATE OF RECEIPT
D.A.Q. PREPARER		11/12/93 DATE PREPARED

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