

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

<b>1. NAME OF COMMITTEE (in full)</b> <b>Paul Magliocchetti Associates, Inc. Political Action Committee</b>	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 1755 Jefferson Davis Highway Suite 1107	<b>2. FEC IDENTIFICATION NUMBER</b> C00260321
<b>CITY, STATE, and ZIP CODE</b> Arlington                      VA    22202	3. <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      Monthly Report Due On:

February 20       June 20       October 20  
 July 15 Quarterly Report       March 20       July 20       November 20  
 October 15 Quarterly Report       April 20       August 20       December 20  
 January 31 Year End Report       May 20       September 20       January 31

July 31 Mid-Year Report (Non-election Year Only)       Twelfth day report preceding \_\_\_\_\_  
(election type)  
 election on \_\_\_\_\_ In the State of \_\_\_\_\_

Termination report      on \_\_\_\_\_ In the State of \_\_\_\_\_

(b) Is this Report an Amendment       YES       NO

<b>SUMMARY</b>	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
5. Covering Period <u>08/01/2000</u> through <u>08/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u> .....		31723.21
(b) Cash on Hand at Beginning of Reporting Period .....	5871.17	
(c) Total Receipts (from line 19) .....	9949.66	77597.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	15820.83	109320.83
7. Total Disbursements (from line 30) .....	2000.00	95500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13820.83	13820.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	For further information contact: 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 Mr. Joseph S. Littleton, III</b>		
Signature of Treasurer		Date 09/15/2000

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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**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(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 08/01/2000	TO: 08/31/2000	
<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) .....	9949.66	77597.62	11.a.i.
ii. Unitemized .....	0.00	200.00	11.a.ii.
iii. Total .....	9949.66	77597.62	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 .....	9949.66	77597.62	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 .....	9949.66	77597.62	19.
20. Total Federal Receipts .....	9949.66	77597.62	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 .....	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 .....	2000.00	95000.00	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 .....	0.00	0.00	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 .....	0.00	0.00	28.d.
29. Other Disbursements .....	0.00	500.00	29.
30. Total Disbursements .....	2000.00	95500.00	30.
31. Total Federal Disbursements .....	2000.00	95500.00	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	9949.66	77597.62	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	9949.66	77597.62	34.
35. Total Federal Operating Expenditures .....	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	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 / 5</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.

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

<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandy Welch  5834 Robbins Nest Lane  Burke VA 22015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associ- ates	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 500.00
	Occupation Associate		
	Aggregate Year-to-Date > \$ 4500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Alfred J. Woodbridge  6211 Springstone Place  Clifton VA 20124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associ- ates, Inc.	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 1000.00
	Occupation Associate		
	Aggregate Year-to-Date > \$ 5000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> John Lynch  16719 Osterbury Ct.  Dumfries VA 22026  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associ- ates	Date (month, day, year) 08/04/2000	Amount of Each Receipt this Period 416.66
	Occupation Associate		
	Aggregate Year-to-Date > \$ 2916.62		
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Mark J. Magliocchetti  5115 Donovan Drive  Alexandria VA 22304  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Fibergate Inc.	Date (month, day, year) 08/04/2000	Amount of Each Receipt this Period 1000.00
	Occupation Sales/Marketing		
	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mark Wlaciawski  409 Colin Lane NW  Vienna VA 22180  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associ- ates, Inc.	Date (month, day, year) 08/04/2000	Amount of Each Receipt this Period 500.00
	Occupation Associate		
	Aggregate Year-to-Date > \$ 4000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Tim Sanders  4534 Corwell Drive  Annandale VA 22003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associ- ates, Inc.	Date (month, day, year) 08/09/2000	Amount of Each Receipt this Period 1000.00
	Occupation Associate		
	Aggregate Year-to-Date > \$ 5000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Ms Kelli Short  2400 Glebe Road Apt # 505 Arlington VA 22206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associ- ates	Date (month, day, year) 08/09/2000	Amount of Each Receipt this Period 200.00
	Occupation Associate		
	Aggregate Year-to-Date > \$ 1200.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		4 / 5
Use separate schedule(s) for each category of the Detailed Summary Page			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> Mr. Fred Clark  701 North Illinois Street  Arlington VA 22205  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate  <b>Aggregate Year-to-Date</b> > \$ 5000.00	<b>Date (month, day, year)</b> 08/22/2000	<b>Amount of Each Receipt this Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Daniel Fleming  6488 Crayford Street  Burke VA 22015-4178  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate  <b>Aggregate Year-to-Date</b> > \$ 3500.00	<b>Date (month, day, year)</b> 08/22/2000	<b>Amount of Each Receipt this Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph S. Littleton, III  10220 Grovewood Way  Fairfax VA 22032  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate  <b>Aggregate Year-to-Date</b> > \$ 3000.00	<b>Date (month, day, year)</b> 08/22/2000	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Keylene Green  PO Box 419  Oakton VA 22124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Paul Magliocchetti Associates  <b>Occupation</b> Associate  <b>Aggregate Year-to-Date</b> > \$ 4000.00	<b>Date (month, day, year)</b> 08/24/2000	<b>Amount of Each Receipt this Period</b> 1500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Mark Rokala  3429 South Stafford Street Apt B-2 Arlington VA 22206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate  <b>Aggregate Year-to-Date</b> > \$ 2331.00	<b>Date (month, day, year)</b> 08/30/2000	<b>Amount of Each Receipt this Period</b> 333.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Charles Smith  1050 North Taylor Street  Arlington VA 22201  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.  <b>Occupation</b> Associate  <b>Aggregate Year-to-Date</b> > \$ 2250.00	<b>Date (month, day, year)</b> 08/30/2000	<b>Amount of Each Receipt this Period</b> 1000.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>9949.66</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 5
			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> CRENSHAW FOR CONGRESS CAMPAIGN  1 Independent Drive Suite 100-164 Jacksonville FL 32202	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/21/2000	Amount of Each Disbursement This Period 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> CRENSHAW FOR CONGRESS CAMPAIGN  1 Independent Drive Suite 100-164 Jacksonville FL 32202	Purpose of Disbursement  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/21/2000	Amount of Each Disbursement This Period 1000.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			2000.00