



PAUL MAGLIOCCHETTI ASSOCIATES, INC.
POLITICAL ACTION COMMITTEE

CRYSTAL SQUARE 5
1755 JEFFERSON DAVIS HIGHWAY, SUITE 1107
ARLINGTON, VIRGINIA 22202
(703) 415-0144 • FAX (703) 415-0182

December 6, 1994

Dec 20 11 07 AM '94

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 07 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:
 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 <u>3/1/94</u> through <u>3/31/94</u>		
6.	(a) Cash on Hand January 1, 19 <u>94</u>		\$ 16,888.08
	(b) Cash on Hand at Beginning of Reporting Period	\$ 19,388.08	
	(c) Total Receipts (from line 19)	\$ 4,000.00	\$ 8,000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 23,388.08	\$ 24,888.08
7.	Total Disbursements (from Line 30)	\$ 9,500.00	\$ 11,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 13,888.08	\$ 13,888.08
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 202-219-3420
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 Paul J. Magliocchetti		Date 12-6-94	
Signature of Treasurer 			

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, FED FORM 8X

(revised 1/1/81)

NAME OF COMMITTEE Paul Magliocchetti Associates, Inc. - Political Action Committee		REPORT COVERING PERIOD FROM: 3/1/94 TO: 3/31/94	
		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)		4,000.00	8,000.00
II. Unitemized		-0-	-0-
II. Total (add I and II)		4,000.00	8,000.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a ii, b and c)		4,000.00	8,000.00
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)		4,000.00	8,000.00
20. Total Federal Receipts (subtract line 18 from line 19)		4,000.00	8,000.00
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-	-0-
c. Total Operating Expenditures (Add a i, a ii, and b)		-0-	-0-
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		9,500.00	11,000.00
24. Independent Expenditures (Use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441p(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)		9,500.00	11,000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		9,500.00	11,000.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		4,000.00	8,000.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		4,000.00	8,000.00
35. Total Federal Operating Expenditures (add 21 a ii and 21 b)		-0-	-0-
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35)		-0-	-0-

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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

<p>A. Full Name, Mailing Address and ZIP Code Charlotta Tsoucalas 4000 Ft. Worth Avenue Alexandria, VA 22304</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Paul Magliocchetti Associates, Inc.</p> <p>Occupation Associate</p> <p>Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 1,000.00</p>	<p>Date (month, day, year) 3/3/94</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Mark Waclawski 3869 Ogilvie Court Woodbridge, VA 22192</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Paul Magliocchetti Associates, Inc.</p> <p>Occupation Associate</p> <p>Aggregate Year-To-Date <input checked="" type="checkbox"/> \$</p>	<p>Date (month, day, year) 3/15/94</p>	<p>Amount of Each Receipt this Period 3,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date <input checked="" type="checkbox"/> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date <input checked="" type="checkbox"/> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date <input checked="" type="checkbox"/> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date <input checked="" type="checkbox"/> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date <input checked="" type="checkbox"/> \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>4,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>4,000.00</p>

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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 Nagliocchetti 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
L.F. Payne for Congress P.O. Box 2884 Washington, D.C. 20013	House 10th Dist. NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/94	500.00
B. Full Name, Mailing Address and ZIP Code Keep McDade in Congress 3869 Beech Down Drive Chantilly, VA 22021	House 10th Dist. PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Fazio for Congress P.O. Box 990 Washington, D.C. 20044	House 3rd Dist. CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/94	1,000.00
D. Full Name, Mailing Address and ZIP Code Lynn Schenk for Congress c/o NASSCO P.O. Box 16614 Arlington, VA 22215	House 49th Dist. CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/94	500.00
E. Full Name, Mailing Address and ZIP Code Fogliatta for Congress P.O. Box 15052 Washington, DC 20003	House 1st Dist. PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/94	500.00
F. Full Name, Mailing Address and ZIP Code Holden for Congress P.O. Box 523024 Springfield, VA 22152	House 6th Dist. PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/94	1,000.00
G. Full Name, Mailing Address and ZIP Code Walsh for Congress P.O. Box 1974 Syracuse, NY 13201	House 25th Dist. NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/94	500.00
H. Full Name, Mailing Address and ZIP Code Matsui for Congress P.O. Box 523024 Springfield, VA 22152	House - 5th Dist. CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/94	1,000.00
I. Full Name, Mailing Address and ZIP Code Bartlett for Congress 1212 N. Vernon Street Arlington, VA 22201	House 6th Dist. MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/94	500.00

SUBTOTAL of Disbursements This Page (optional)	6,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	2
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)

Paul Magliocchetti Associates, Inc. -
Political Action Committee

PBC ID No. C00280321

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Billy Tauzin for Congress P.O. Box 1407 Thibodaux, LA 70302	House 3rd Dist. LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/94	500.00
B. Full Name, Mailing Address and ZIP Code Bateman for Congress 2020 Pennsylvania Avenue Washington, D.C. 20006	Purpose of Disbursement House 1st Dist. VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Congressman Bal Rogers 7700 Leesburg Pike, Ste. 212 Falls Church, VA 22043	Purpose of Disbursement House 5th Dist. KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/94	500.00
D. Full Name, Mailing Address and ZIP Code Spence for Congress 4451 Brookfield Corp. Drive Chantilly, VA 22021	Purpose of Disbursement House 2nd Dist. SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/94	1,000.00
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)

3,000.00

TOTAL This Period (last page this line number only)

9,500.00

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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.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

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

SMN

PREPARER

10-20-94
DATE PREPARED

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