

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 15 12 44 PM '96

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

ADDRESS (number and street) Check if different than previously reported
1755 Jefferson Davis Hwy., Suite 1107

CITY, STATE and ZIP CODE
Arlington, VA 22202

2. FEC IDENTIFICATION NUMBER
C00280321

3. This committee has qualified as a noncandidate 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

SUMMARY

5. Covering Period 07/01/96 through 09/30/96

6. (a) Cash on Hand January 96
 (b) Cash on Hand at Beginning of Reporting Period
 (c) Total Receipts (from line 19)
 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and
 Lines 6(a) and 6(c) for Column B)

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6(a)		\$ 19937.64
6(b)	\$ 15937.64	
6(c)	\$ 3300.00	\$ 33100.00
6(d)	\$ 19237.64	\$ 53037.64
7. Total Disbursements (from Line 30)	\$ 13200.00	\$ 47000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6037.64	\$ 6037.64

9. Debts and Obligations Owed TO the Committee
(Itemize all on Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY the Committee
(Itemize all on Schedule C and/or Schedule D)

\$ -0-
\$ -0-

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll-Free 800-424-9530
Local 202-219-3420

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 Green

Signature of Treasurer
Kaylene D. Green

Date
10/15/96

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 Political Action Committee Paul Mallicocchetti Associates, Inc.		REPORT COVERING PERIOD FROM 07/01/96 TO 09/30/96	
		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)		3300.00	32600.00
ii. Unitemized			
iii. Total (add i and ii)		3300.00	32600.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c)		3300.00	32600.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			500.00
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)		3300.00	33100.00
20. Total Federal Receipts (subtract line 18 from line 19)		3300.00	33100.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		500.00	800.00
c. Total Operating Expenditures (Add a i, a ii, and b)		500.00	800.00
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		12700.00	46200.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (Add a, b and c)			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		13200.00	47000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		13200.00	47000.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		3300.00	32600.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		3300.00	32600.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		500.00	800.00
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35)		500.00	800.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE	OF
1	1
FOR LINE NUMBER	
11a1	

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

NAME OF COMMITTEE (in Full)
 Political Action Committee
 Paul Magliocchetti Associates, Inc. FEC ID No. C00280321

A. Full Name, Mailing Address and ZIP Code Pat Hiu 3652 Knox Ct. Woodbridge, VA 22193	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 07/16/96	Amount of Each Receipt this Period 300.00
	Occupation Associate	08/01/96	300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$ 2700.00	09/10/96 300.00

B. Full Name, Mailing Address and ZIP Code Mark Wacławski 409 Colin Ln., NW Vienna, VA 22180	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 07/18/96	Amount of Each Receipt this Period 300.00
	Occupation Associate	08/29/96	300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$ 2400.00	09/10/96 300.00

C. Full Name, Mailing Address and ZIP Code Jon Veltri 6729 Huntsman Blvd. Springfield, VA 22152	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/06/96	Amount of Each Receipt this Period 500.00
	Occupation Associate	09/10/96	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$ 1000.00	

D. Full Name, Mailing Address and ZIP Code Joe Littleton 10220 Grovewood Way Fairfax, VA 22032	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/03/96	Amount of Each Receipt this Period 500.00
	Occupation Associate		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$ 3500.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \$	

SUBTOTAL of Receipts This Page (optional)	3300.00
TOTAL This Period (last page this line number only)	3300.00

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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) Political Action Committee Paul Magliocchetti Associates, Inc.	FEC ID No. C00280321
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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark Waclawski 409 Colin Ln. NW Vienna, VA 22180	Fundraiser Coord. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 3rd Qtr.	08/22/96 Op. Expd.	500.00
B. 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
C. 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
D. 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
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)	500.00
TOTAL This Period (last page this line number only)	500.00

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NAME OF COMMITTEE (In Full)
 Political Action Committee
 Paul Magliocchetti Associates, Inc. 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
Abercrombie for Congress 300 Ala Moana Blvd., #4104 Honolulu, HI 96850	US House-1st Dis.-HI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/96	500.00
B. Full Name, Mailing Address and ZIP Code Hoyer for Congress 7905 Malcolm Road, Ste. 102 Clinton, MD 20735	US House-5th Dis.-MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/96	200.00
C. Full Name, Mailing Address and ZIP Code Sheila Frahm for Senate P.O. Box 2594 Topeka, KS 66601-2594	US Senate-KS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/96	1000.00
D. Full Name, Mailing Address and ZIP Code Fowler for Congress Ctmc. P.O. Box 380087 Jacksonville, FL 32205	US House-4th Dis.-FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/96	500.00
E. Full Name, Mailing Address and ZIP Code Visclosky for Congress Cmte. 215 West 35th Street Gary, IN 46408	US House-1st Dis-IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/96	1000.00
F. Full Name, Mailing Address and ZIP Code Abercrombie for Congress 300 Ala Moana Blvd., #4104 Honolulu, HI 96850	US House-1st Dis-HI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/96	500.00
G. Full Name, Mailing Address and ZIP Code Watts for Congress in '96 2420 Springer Drive Norman, OK 73069	US House-4th Dis-OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/03/96	500.00
H. Full Name, Mailing Address and ZIP Code The Cmte. to Re-Elect Marge Roukema P.O. Box 625 Ridgewood, NJ 07451	US House-5th Dis-NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/03/96	500.00
I. Full Name, Mailing Address and ZIP Code Friends of Tim Holden 303 Corestate Bank Bldg. Pottsville, PA 17901	US House-6th Dis-PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/03/96	500.00

SUBTOTAL of Disbursements This Page (optional)	5200.00
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TOTAL This Period (last page this line number only)	
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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Political Action Committee
 Paul Magliocchetti Associates, Inc. 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
The Reed Committee P.O. Box 8628 Cranston, RI 02920	US House-2nd Dis-RI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/03/96	500.00
B. Full Name, Mailing Address and ZIP Code Spence for Congress 220 Stone Ridge Drive Suite 202 Columbia, SC 29210	US House-2nd Dis-SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/96	500.00
C. Full Name, Mailing Address and ZIP Code Pickett for Congress Post Office Box 2127 Virginia Beach, VA 23452	US House-2nd Dis-VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/96	500.00
D. Full Name, Mailing Address and ZIP Code Friends of Connie Morella P.O. Box 5945 Bethesda, MD 20824	US House-8th Dis-MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/11/96	1000.00
E. Full Name, Mailing Address and ZIP Code Mica for Congress 1211 Semoran Blvd., Ste. 117 Casselberry, FL 32707	US House-7th Dis-FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/11/96	500.00
F. Full Name, Mailing Address and ZIP Code Hoyer for Congress Cmte 7905 Malcolm Road, Ste. 102 Clinton, MD 20735	US House-5th Dis-MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/11/96	500.00
G. Full Name, Mailing Address and ZIP Code Lewis for Congress Cmte 1150 Brookside Ave., St. J5 Redlands, CA 92373	US House-40th Dis-CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/96	500.00
H. Full Name, Mailing Address and ZIP Code Longley for Congress 305 Commercial Street Suite 668 Portland, ME 04101	US House-1st Dis-ME Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/24/96	500.00
I. Full Name, Mailing Address and ZIP Code Walsh for Congress Cmte. P.O. Box 1974 Syracuse, NY 13201	US House-25th Dis-NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/25/96	500.00

SUBTOTAL of Disbursements This Page (optional) 5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of Detailed Summary Page	PAGE 3	OF 3
		FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
 Political Action Committee
 Paul Magliocchetti Associates, Inc. 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
Tom Davis for Congress 7018 Evergreen Ct. Annandale, VA 22003	US House-11th Dis-VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/96	500.00
B. Full Name, Mailing Address and ZIP Code Victory USA P.O. Box 990 Washington, DC 20044-0990	Dem. House Candidates Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/96	1000.00
C. Full Name, Mailing Address and ZIP Code New Republican Majority Fund C/O 3001 Park Center Drive Suite 1105 Alexandria, VA 22302	Rep. Senate Candidates Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/31/96	1000.00
D. 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
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)	2500.00
TOTAL This Period (last page this line number only)	12700.00

**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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 10-15-96
<input type="checkbox"/> First Class Mail	POSTMARKED
<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
TH	10-15-96
PREPARER	DATE PREPARED