

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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 C00260321
CITY, STATE, and ZIP CODE 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:
- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input checked="" type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Twelfth day report preceding _____
(election type) _____
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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>06/01/2000</u> through <u>06/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		31723.21
(b) Cash on Hand at Beginning of Reporting Period	5621.85	
(c) Total Receipts (from line 19)	8149.88	83298.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13771.51	95021.51
7. Total Disbursements (from line 30)	8000.00	88250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5771.51	5771.51
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 Electronically Filed by Mr. Joseph S. Littleton, III	
Signature of Treasurer	Date 07/12/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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 08/01/2000	TO: 08/30/2000	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	8149.66	83058.30	11.a.i.
ii. Unitemized	0.00	200.00	11.a.ii.
iii. Total	8149.66	83258.30	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	8149.66	83258.30	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	8149.66	83258.30	19.
20. Total Federal Receipts	8149.66	83258.30	20.
II. Disbursements			
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	8000.00	89250.00	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	0.00	29.
30. Total Disbursements	8000.00	89250.00	30.
31. Total Federal Disbursements	8000.00	89250.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	8149.66	83258.30	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	8149.66	83258.30	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.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 6
			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 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

Full Name, Mailing Address, and ZIP Code Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 06/01/2000	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		
Full Name, Mailing Address, and ZIP Code Mr. Tim Sanders 4534 Corwell Drive Annandale VA 22003	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 1000.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 4000.00		
Full Name, Mailing Address, and ZIP Code Mr. Daniel Fleming 6488 Crayford Street Burke VA 22015-4178	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 06/05/2000	Amount of Each Receipt this Period 1000.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Joseph S. Littleton, III 10220 Grovewood Way Fairfax VA 22032	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 06/05/2000	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 > \$ 2500.00		
Full Name, Mailing Address, and ZIP Code John Lynch 16713 Osterbury Ct. Dumfries VA 22026	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 06/05/2000	Amount of Each Receipt this Period 416.66
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2083.30		
Full Name, Mailing Address, and ZIP Code Mr. Mark Rokala 3429 South Stafford Street Apt B-2 Arlington VA 22208	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 06/06/2000	Amount of Each Receipt this Period 333.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1665.00		
Full Name, Mailing Address, and ZIP Code Ms Kelli Short 2400 Glebe Road Apt # 505 Arlington VA 22206	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 06/06/2000	Amount of Each Receipt this Period 200.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 800.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 6
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Greg Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 06/07/2000	Amount of Each Receipt this Period 400.00
	Occupation Associate	Aggregate Year-to-Date > \$ 2000.00	
Full Name, Mailing Address, and ZIP Code Mark Wladawski 405 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 Associates, Inc.	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period 600.00
	Occupation Associate	Aggregate Year-to-Date > \$ 3000.00	
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 06/21/2000	Amount of Each Receipt this Period 500.00
	Occupation Associate	Aggregate Year-to-Date > \$ 1250.00	
Full Name, Mailing Address, and ZIP Code Sean Fogarty 9506 Yawl Court Burke VA 22015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 1000.00
	Occupation Associate	Aggregate Year-to-Date > \$ 3000.00	
Full Name, Mailing Address, and ZIP Code 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 Associates	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 500.00
	Occupation Associate	Aggregate Year-to-Date > \$ 4000.00	
Full Name, Mailing Address, and ZIP Code 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 Associates, Inc.	Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 1000.00
	Occupation Associate	Aggregate Year-to-Date > \$ 4000.00	

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	8149.66

