

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

Mar 7 9 05 AM '94

| | |
|--|--|
| 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 Hwy., Suite 1107 | 2. FEC IDENTIFICATION NUMBER C00280321 |
| CITY, STATE and ZIP CODE Arlington, VA 22202 | 3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date). |

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 | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|---|
| 5. Covering Period <u>February 1 94</u> through <u>February 28 94</u> | | |
| 6. (a) Cash on Hand January 1, 19 94 | | \$ 16,888.08 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 15,888.08 | |
| (c) Total Receipts (from Line 30) | \$ 4,000.00 | \$ 4,000.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 19,888.08 | \$ 20,888.08 |
| 7. Total Disbursements (from Line 30) | \$ 500.00 | \$ 1,500.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 19,388.08 | \$ 19,388.08 |
| 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 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9600 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 Kaylene Green - Assistant Treasurer | |
| Signature of Treasurer | Date 3/16/94 |

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

2 4 3 8 3 7 4 5 2 0

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE | REPORT COVERING PERIOD | |
|--|-------------------------------|---------------------------|
| Paul Magliocchetti Associates, Inc. Political Action Committee | FROM Feb 1, 94 | TO: Feb. 28, 94 |
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year |
| 11. Contributions (other than loans) From: | | |
| a. Individuals/Persons Other Than Political Committees | | |
| i. Itemized (use Schedule A) | 4000.00 | 4000.00 |
| ii. Unitemized | -0- | -0- |
| iii. Total | 4000.00 | 4000.00 |
| b. Political Party Committees | -0- | -0- |
| c. Other Political Committees (such as PACs) | -0- | -0- |
| d. Total Contributions | -0- | -0- |
| 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, Reates, 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 | -0- | -0- |
| 20. Total Federal Receipts | 4000.00 | 4000.00 |
| | | |
| 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 | -0- | -0- |
| 22. Transfers to Affiliated/Other Party Committees | -0- | -0- |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 500.00 | 1,500.00 |
| 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 | -0- | -0- |
| 29. Other Disbursements | -0- | -0- |
| 30. Total Disbursements | 500.00 | 1,500.00 |
| 31. Total Federal Disbursements | 500.00 | 1,500.00 |
| | | |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) from line 11d) | -0- | -0- |
| 33. Total Contribution Refunds (from line 28d) | -0- | -0- |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | -0- | -0- |
| 35. Total Federal Operating Expenditures | -0- | -0- |
| 36. Offsets to Operating Expenditures (from line 15) | -0- | -0- |
| 37. Net Operating Expenditures | -0- | -0- |

24-38374321

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|-------------------------------------|--------------------------------------|------------------------------------|
| Cynthia Brown 125 11th Street, S.E. Washington, DC 20003 | Paul Magliocchetti Associates, Inc. | 2/17/94 | 3,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Associate | Aggregate Year-to-Date > \$ 3,000.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Brian Thiel 1205 Lolly Post Lane Woodbridge, VA 22192 | Paul Magliocchetti Associates, Inc. | 2/17/94 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Senior Associate | Aggregate Year-to-Date > \$ 1,000.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | 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 |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | 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 |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional) | 4,000.00 |
| TOTAL This Period (last page this line number only) | 4,000.00 |

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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

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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 |
|---|---|-------------------------|---|
| "Viscklosky for Congress" 3216 18th Street, N.W. Washington, DC 20010 | U.S. House of Reps. - 1st District, IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2/14/94 | 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 |

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
3-17-94

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

MLB 3-21-94
PREPARER DATE PREPARED

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