

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 10  
10/14/1998 18 : 10

<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
- 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input 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  |
- 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>07/01/1998</u> through <u>09/30/1998</u>		
6. (a) Cash on Hand, January 1, <u>1998</u> .....		13041.57
(b) Cash on Hand at Beginning of Reporting Period .....	861.57	
(c) Total Receipts (from line 19) .....	18755.00	50575.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	19616.57	63616.57
7. Total Disbursements (from line 30) .....	12750.00	56750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6866.57	6866.57
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 Joseph S. Littleton, III</b>		
Signature of Treasurer	Date 10/15/1998	

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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**FEC FORM 3X**  
(revised 9/98)

**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 07/01/1998 TO: 09/30/1998	
<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) .....	18565.00	50385.00	11.a.i.
ii. Unitemized .....	190.00	190.00	11.a.ii.
iii. Total .....	18755.00	50575.00	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 .....	18755.00	50575.00	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 .....	18755.00	50575.00	19.
20. Total Federal Receipts .....	18755.00	50575.00	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 .....	12250.00	56250.00	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 .....	500.00	500.00	29.
30. Total Disbursements .....	12750.00	56750.00	30.
31. Total Federal Disbursements .....	12750.00	56750.00	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	18755.00	50575.00	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	18755.00	50575.00	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	3 / 10
					FOR LINE NUMBER 11A
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> John Lynch 16718 Osterbury Ct.  Dumfries VA 22026		<b>Name of Employer</b> Paul Magliocchetti Associates		<b>Date (month, day, year)</b> 07/01/1998	<b>Amount of Each Receipt this Period</b> 555.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Aggregate Year-to-Date</b> > \$ 3285.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mark Wladawski 405 Colin Lane NW  Vienna VA 22180		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.		<b>Date (month, day, year)</b> 07/08/1998	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Aggregate Year-to-Date</b> > \$ 3700.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Dan Cunningham 3442 Mt. Burnside Way  Woodbridge VA 22192		<b>Name of Employer</b> Paul Magliocchetti Associates		<b>Date (month, day, year)</b> 07/08/1998	<b>Amount of Each Receipt this Period</b> 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Aggregate Year-to-Date</b> > \$ 5000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Pat Hiu 3852 Knox Court  Woodbridge VA 22193		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.		<b>Date (month, day, year)</b> 07/08/1998	<b>Amount of Each Receipt this Period</b> 1200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Aggregate Year-to-Date</b> > \$ 3000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Tom Veltri 6729 Huntsman Blvd.  Springfield VA 22152		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.		<b>Date (month, day, year)</b> 07/09/1998	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Aggregate Year-to-Date</b> > \$ 5000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Greg Hansen 8815 Arlington Blvd.  Fairfax VA 22031-2705		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.		<b>Date (month, day, year)</b> 07/13/1998	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Aggregate Year-to-Date</b> > \$ 1800.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Tom Veltri 6729 Huntsman Blvd.  Springfield VA 22152		<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.		<b>Date (month, day, year)</b> 07/20/1998	<b>Amount of Each Receipt this Period</b> 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Associate		<b>Aggregate Year-to-Date</b> > \$ 5000.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>4 / 10</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A</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> Sean Fogarty 9506 Yawl Court  Burke VA 22015  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> 07/22/1998	<b>Amount of Each Receipt this Period</b>  250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Greg Hansen 6615 Arlington Blvd.  Fairfax VA 22031-2705  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> > \$ 1800.00	<b>Date (month, day, year)</b> 07/22/1998	<b>Amount of Each Receipt this Period</b>  400.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Dan Cunningham 3442 Mt. Burnside Way  Woodbridge VA 22192  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> > \$ 5000.00	<b>Date (month, day, year)</b> 07/29/1998	<b>Amount of Each Receipt this Period</b>  2600.00	
<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) :	<b>Name of Employer</b> Paul Magliocchetti Associates  <b>Occupation</b> Associate  <b>Aggregate Year-to-Date</b> > \$ 3295.00	<b>Date (month, day, year)</b> 08/03/1998	<b>Amount of Each Receipt this Period</b>  455.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mark Wladawski 409 Colin Lane NW  Vienna VA 22180  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> > \$ 3700.00	<b>Date (month, day, year)</b> 08/03/1998	<b>Amount of Each Receipt this Period</b>  600.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandy Welch 5634 Robbins Nest Lane  Burke VA 22015  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> > \$ 2000.00	<b>Date (month, day, year)</b> 08/04/1998	<b>Amount of Each Receipt this Period</b>  1000.00	
<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> > \$ 5000.00	<b>Date (month, day, year)</b> 08/05/1998	<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>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>5 / 10</b>
			FOR LINE NUMBER <b>11A</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Sean Fogarty 9506 Yawl Court  Burke VA 22015	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/24/1998	Amount of Each Receipt this Period 250.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 3000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandy Welch 5634 Robbins Nest Lane  Burke VA 22015	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 08/28/1998	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		
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph S. Littleton, III 10220 Greenwood Way  Fairfax VA 22032	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/08/1998	Amount of Each Receipt this Period 1600.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Brian Thiel 12505 Lolly Post Lane  Woodbridge VA 22192	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/08/1998	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		
<b>Full Name, Mailing Address, and ZIP Code</b> John Lynch 16719 Osterbury Ct.  Dumfries VA 22026	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 09/08/1998	Amount of Each Receipt this Period 455.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 3285.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Sean Fogarty 9506 Yawl Court  Burke VA 22015	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/11/1998	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 > \$ 3000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Kaylene Green PO Box 419  Oakton VA 22124	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 09/11/1998	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 > \$ 5000.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>6 / 10</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A</b>
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<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> Mark Wladewski 408 Collin Lane NW  Vienna VA 22180	<b>Name of Employer</b> Paul Magliocchetti Associates, Inc.	<b>Date (month, day, year)</b> 08/21/1998	<b>Amount of Each Receipt This Period</b> 800.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Associate	<b>Aggregate Year-to-Date</b> 5    \$700.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>18565.00</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>7 / 10</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>23</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> Sen. Kit Bond Missourians for Kit Bond 507 Capitol Crt. NE, #100 Washington DC 20002	<b>Purpose of Disbursement</b> (Senate - MO - )  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/20/1998	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Rep. Rodney Frelinghuysen Frelinghuysen for Congress PO Box 826 Morristown NJ 07960	<b>Purpose of Disbursement</b> (House - NJ - 11)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/27/1998	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Snyder, Vic P.O. Box 250998  Little Rock AR 72225-0998	<b>Purpose of Disbursement</b> (House - AR - 02)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/29/1998	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Hooley, Darlene Darlene Hooley for Congress P.O. Box 2050 Salem OR 97308	<b>Purpose of Disbursement</b> (House - OR - 5)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/31/1998	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Hooley, Darlene Darlene Hooley for Congress P.O. Box 2050 Salem OR 97308	<b>Purpose of Disbursement</b> (House - OR - 5) previous contribution check lost  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/31/1998 5/12/98 contribution check lost	<b>Amount of Each Disbursement This Period</b> -500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Price, David David Price for Congress P.O. 1986 Raleigh NC 27802	<b>Purpose of Disbursement</b> (House - NC - 4)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 08/20/1998	<b>Amount of Each Disbursement This Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Faircloth Faircloth for Senate 507 Capitol Court, NE, Ste. 100 Washington DC 20002	<b>Purpose of Disbursement</b> (Senate - NC - )  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 08/27/1998	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Rep. Tom Sawyer The Tom Sawyer Committee PO Box 75214 Washington DC 20013-5214	<b>Purpose of Disbursement</b> (House - OH - 14)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/09/1998	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Costello, Jerry P.O. Box 8250  Belleville IL 62222	<b>Purpose of Disbursement</b> (House - IL - 12)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/09/1998	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>8 / 10</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>23</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> Rep. Joe Skeen Skeen for Congress 2233 Wisconsin Ave., NW Washington DC 20007	<b>Purpose of Disbursement</b> (House - NM - 2)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/09/1998	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Graham, Bob Friends of Bob Graham 233 Constitution Avenue, NE Washington DC 20002	<b>Purpose of Disbursement</b> (Senate - FL - )  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/09/1998	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Sabo, Martin Martin Sabo for Congress 2475 East Franklin Ave So., # 301 Minneapolis MN 55406	<b>Purpose of Disbursement</b> (House - MN - 5)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/14/1998	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Campbell, Ben Nighthorse Campbell Victory Fund 425 North Second Street, N.E. Washington DC 20002	<b>Purpose of Disbursement</b> (Senate - CO - )  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/14/1998	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Rep. Tim Holden Friends of Cong. Tim Holden 1800 West End Ave. Pottsville PA 17901	<b>Purpose of Disbursement</b> (House - PA - 6)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/14/1998	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Sen. Judd Gregg Judd Gregg Cmte. PO Box 1812 Concord NH 03302-1812	<b>Purpose of Disbursement</b> (Senate - NH - )  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/14/1998	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Casey, Patrick Casey for Congress Cmte. PO Box 2884 Washington DC 20013	<b>Purpose of Disbursement</b> (House - PA - 10)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/14/1998	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Rep. Michael Forbes Friends of Cong. Forbes PO Box 505 Long Island NY 11736	<b>Purpose of Disbursement</b> (House - NY - 1)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/14/1998	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Houghton, Amo Friends for Houghton 4451 Brookfield Corp Drive, Suite Chantilly VA 20151	<b>Purpose of Disbursement</b> (House - NY - 31)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/22/1998	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>9 / 10</b>
			FOR LINE NUMBER <b>23</b>
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<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> Sen. Arlen Specter Citizens for Arlen Specter 900 2nd St., #306 Washington DC 20002	Purpose of Disbursement (Senate - PA - 0)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/23/1998	Amount of Each Disbursement This Period 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Rep. John Sununu Sununu for Congress 330 5th St. SE Apt. A Washington DC 20003	Purpose of Disbursement (House - NH - 1)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/23/1998	Amount of Each Disbursement This Period 500.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>12250.00</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>10 / 10</b>
			FOR LINE NUMBER <b>28</b>
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<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> Massachusetts Democratic Party 125 Portland St. 3rd Floor Boston MA 02114	<b>Purpose of Disbursement</b> Non-Federal Contribution	<b>Date (month, day, year)</b> 09/21/1998	<b>Amount of Each Disbursement This Period</b> 500.00
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input checked="" type="checkbox"/> Other (specify) : Non Fed Cont			
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>500.00</b>