

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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) Check if different than previously reported
1755 Jefferson Davis Highway, Suite 1107

CITY, STATE and ZIP CODE
Arlington, Virginia 22202

2. FEC IDENTIFICATION NUMBER
C00280321

3. This committee has qualified as a multicandidate committee. (see FEC FORM 110)

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 checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>5/1/94</u> through <u>5/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>			\$ 16,888.08
(b) Cash on Hand at Beginning of Reporting Period		\$ 22,888.08	
(c) Total Receipts (from line 19)		\$ 6,940.00	\$ 26,940.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 29,828.08	\$ 43,828.08
7. Total Disbursements (from Line 30)		\$ 6,043.90	\$ 22,043.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 21,784.18	\$ 21,784.18
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ -0-	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ -0-	

For further information contact:
 Federal Election Commission
 998 E Street, NW
 Washington, DC 20483
 Toll Free 800-424-9590
 Local 202-218-3420

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 - Assistant Treasurer

Signature of Treasurer


Date
6/10/94

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 7/1/91)

NAME OF COMMITTEE Paul Magliocchetti Associates, Inc. - Political Action Committee	REPORT COVERING PERIOD	
	FROM: 5/1/94	TO: 5/31/94
	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)	6,940.00	26,940.00
ii. Unitemized	-0-	-0-
iii. Total (add i and ii) ▶	6,940.00	26,940.00
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a ii, b and c) ▶	6,940.00	26,940.00
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) ▶	6,940.00	26,940.00
20. Total Federal Receipts (subtract line 18 from line 19) ▶	6,940.00	26,940.00
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	43.90	43.90
c. Total Operating Expenditures (Add a i, a ii, and b) ▶	43.90	43.90
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,000.00	22,000.00
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 (Add a, b and c) ▶	-0-	-0-
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	8,043.90	22,043.90
31. Total Federal Disbursements (subtract line 27 a ii from line 30) ▶	8,043.90	22,043.90
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	6,940.00	26,940.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	6,940.00	26,940.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	43.90	43.90
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ▶	43.90	43.90

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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. CD0280321

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.	5/4/94	340.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 3,000.00	
Lawrence Paduzzi 9802 Lost Ravine Court Fairfax Station, VA 22039	Paul Magliocchetti Associates, Inc.	5/4/94	5,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 5,000.00	
Kaylene Green P.O. Box 419 Oakton, VA 22124	Paul Magliocchetti Associates, Inc.	5/23/94	1,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 1,500.00	
Cynthia Brown 125 11th Street, S.E. Washington, DC 20003	Paul Magliocchetti Associates, Inc.	5/16/94	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 3,340.00	
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 <input type="checkbox"/> \$	
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 <input type="checkbox"/> \$	
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 <input type="checkbox"/> \$	

SUBTOTAL of Receipts This Page (optional)	6,940.00
TOTAL This Period (last page this line number only)	6,940.00

2403902314

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		23

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

FBC ID No. C90280321

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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
Citizens for Wofford 1420 Walnut Street, Suite 808 Philadelphia, PA 19102	US Senate-D-PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4/94	1,000.00
B. Full Name, Mailing Address and ZIP Code Diaka for Congress 400 N. Capitol Street, N.W. suite 363 Washington, DC 20001	US House-6th Dist WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Chet Edwards for Congress P.O. Box 70528 Washington, DC 20024	US House-11th Dist-TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4/94	1,000.00
D. Full Name, Mailing Address and ZIP Code Lewis For Congress Committee 801 Pennsylvania Ave., N.W. Suite 1208 Washington, DC 20004	US House-40th Dist-CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4/94	1,000.00
E. Full Name, Mailing Address and ZIP Code The Wilson Committee 4604 Deming Ave. Alexandria, VA 22312	US House-2nd Dist-TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4/94	1,000.00
F. Full Name, Mailing Address and ZIP Code Nica For Congress Committee 305 East Capitol S.E. Washington, DC 20003	US House-7th Dist-TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/94	500.00
G. Full Name, Mailing Address and ZIP Code Committee to ReElect Roukema P.O. Box 625 Ridgewood, NJ 07451	US House-5th Dist-NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/94	500.00
H. Full Name, Mailing Address and ZIP Code Darden for Congress P.O. Box 2884 Washington, DC 20013	US House-7th Dist-GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/94	1,000.00
I. Full Name, Mailing Address and ZIP Code Dixon For Congress 11661 San Vicente Blvd. Suite 304 Los Angeles, CA 90049	US House-32nd Dist-CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/94	500.00

SUBTOTAL of Disbursements This Page (optional)	7,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Paul Magliocchetti Associates, Inc. -
Political Action Committee

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
Byrne for Congress P.O. Box 2612 Falls Church, VA 22042	US House-11th Dist-VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25/94	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)	8,000.00

**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

6-10-94

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

SKY
 PREPARER

6-14-94
 DATE PREPARED

2 1 0 3 9 J 2 2 9 1 7