

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEDERAL ELECTION COMMISSION
APR 11 12 28 PM '96

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 Hwy, Suite 1107

CITY, STATE and ZIP CODE
Arlington, VA 22202

2. FEC IDENTIFICATION NUMBER
C00280321

3. This committee has qualified as a multicandidate 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

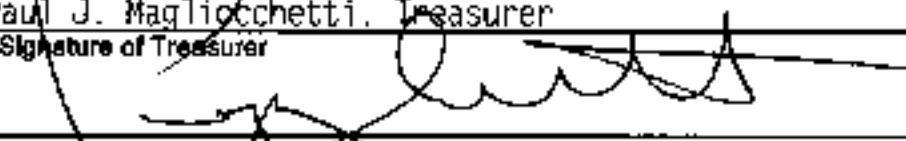
SUMMARY

| 5. Covering Period <u>1/1/96</u> through <u>3/31/96</u> | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 1996 | | \$ 19937.64 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 19937.64 | |
| (c) Total Receipts (from line 19) | \$ 26000.00 | \$ 26000.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 45937.64 | \$ 45937.64 |
| 7. Total Disbursements (from Line 30) | \$ 8850.00 | \$ 8850.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 37087.64 | \$ 37087.64 |
| 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
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
Paul J. Magliocchetti, Treasurer

Signature of Treasurer  Date
4/09/96

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

96030391903

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

(revised 1/1/91)

| NAME OF COMMITTEE | | REPORT COVERING PERIOD | |
|--|---|-------------------------------|---------------------------|
| | | FROM | TO |
| Magliocchetti Associates, Inc. Political Action Committee | | 1/1/96 | 3/31/96 |
| | | 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) | 26000.00 | 26000.00 |
| ii. | Unitemized | -0- | -0- |
| iii. | Total (add i and ii) | 26000.00 | 26000.00 |
| b. | Political Party Committees | -0- | -0- |
| c. | Other Political Committees (such as PACs) | -0- | -0- |
| d. | Total Contributions (add a iii, b and c) | 26000.00 | 26000.00 |
| 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) | 26000.00 | 26000.00 |
| 20. | Total Federal Receipts (subtract line 18 from line 19) | 26000.00 | 26000.00 |
| 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 | 100.00 | 100.00 |
| c. | Total Operating Expenditures (Add a i, a ii, and b) | 100.00 | 100.00 |
| 22. | Transfers to Affiliated/Other Party Committees | -0- | -0- |
| 23. | Contributions to Federal Candidates/Committees and Other Political Committees | 8750.00 | 8750.00 |
| 24. | Independent Expenditures (use Schedule E) | -0- | -0- |
| 25. | Continued 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 | -0- | -0- |
| 30. | Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) | 8850.00 | 8850.00 |
| 31. | Total Federal Disbursements (subtract line 21 a ii from line 30) | 8850.00 | 8850.00 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. | Total Contributions (other than loans)(from line 11d) | 26000.00 | 26000.00 |
| 33. | Total Contribution Refunds (from line 28d) | -0- | 0- |
| 34. | Net Contributions (other than loans)(subtract line 33 from 32) | 26000.00 | 26000.00 |
| 35. | Total Federal Operating Expenditures (add 21 a i and 21 b) | 100.00 | 100.00 |
| 36. | Offsets to Operating Expenditures (from line 15) | -0- | -0- |
| 37. | Net Operating Expenditures (subtract line 36 from 35) | 100.00 | 100.00 |

9 6 0 3 0 3 9 1 9 3 0

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 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. C00280321

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-------------------------------------|---------------------------|------------------------------------|
| Joe Littleton 10220 Grovewood Way Fairfax, VA 22032 | Paul Magliocchetti Associates, Inc. | 1/18/96 | 500.00 |
| | | 2/21/96 | 500.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation Associate | 3/18/96 500.00 |
| | | Aggregate Year-To-Date \$ | 1500.00 |
| E. Full Name, Mailing Address and ZIP Code Patrick Hiu 3652 Knox Court Woodbridge, VA 22193 | Paul Magliocchetti Associates, Inc. | 1/19/96 | 300.00 |
| | | 2/7/96 | 300.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation Associate | 3/5/96 300.00 |
| | | Aggregate Year-To-Date \$ | 900.00 |
| C. Full Name, Mailing Address and ZIP Code Charlotte Isoucalas 4100 Ft. Worth Avenue Alexandria, VA 22304 | Paul Magliocchetti Associates, Inc. | 1/19/96 | 5000.00 |
| | | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation Associate | |
| | | Aggregate Year-To-Date \$ | 5000.00 |
| D. Full Name, Mailing Address and ZIP Code Kaylene Green P.O. Box 419 3014 Fox Mill Road Oakton, VA 22124 | Paul Magliocchetti Associates, Inc. | 1/29/96 | 5000.00 |
| | | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation Associate | |
| | | Aggregate Year-To-Date \$ | 5000.00 |
| E. Full Name, Mailing Address and ZIP Code Cynthia Brown 125 11th Street Washington, DC 20032-0003 | Paul Magliocchetti Associates, Inc. | 1/29/96 | 5000.00 |
| | | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation Associate | |
| | | Aggregate Year-To-Date \$ | 5000.00 |
| F. Full Name, Mailing Address and ZIP Code Brian Thiel 1205 Lolly Post Lane Woodbridge, VA 22192 | Paul Magliocchetti Associates, Inc. | 2/7/96 | 3000.00 |
| | | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation Associate | |
| | | Aggregate Year-To-Date \$ | 3000.00 |
| G. Full Name, Mailing Address and ZIP Code Mark Wacławski 409 Colin Lane, NW Vienna, VA 22180 | Paul Magliocchetti Associates, Inc. | 2/14/96 | 300.00 |
| | | 3/6/96 | 300.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation Associate | |
| | | Aggregate Year-To-Date \$ | 600.00 |

SUBTOTAL of Receipts This Page (optional) 21000.00

TOTAL This Period (last page this line number only)

9 6 0 3 0 3 9 1 9 3 1

SCHEDULE A

ITEMIZED RECEIPTS

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

FEC ID No. C002B0321

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-------------------------------------|-----------------------------------|------------------------------------|
| Kenneth Keefe 8252 Private Lane Amandale, VA 22003 | Paul Magliocchetti Associates, Inc. | 1/5/96 | 5000.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Associate | Aggregate Year-To-Date \$ 5000.00 | |
| B. 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 \$ | |
| 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) | | | 5000.00 |
| TOTAL This Period (last page this line number only) | | | 26000.00 |

96030391932

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 or 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. C00280321

9
3
0
9
1
9
3
9
3
0
3
0
9

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| William Jefferson Committee 650 Poydras, Suite 2245 New Orleans, LA 70130 | US House-2nd Dist-LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2/21/96 | 500.00 |
| William Jefferson Committee 650 Poydras, Suite 2245 New Orleans, LA 70130 | US House-2nd Dist-LA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2/21/96 | 500.00 |
| Bartlett for Congress P.O. Box 3662 Frederick, MD 21705 | US House-6th Dist-MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2/21/96 | 500.00 |
| Ted Stevens for Senate P.O. Box 1008/9 Ankorage, AK 99510 | US Senate-AK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2/21/96 | 1000.00 |
| Tim Holden for Congress Cmte 31 Pearl Street St. Clair, PA 17970 | US House-6th Dist-PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2/21/96 | 500.00 |
| Fazio for Congress P.O. Box 2244 West Sacramento, CA 95691 | US House-3rd Dist-CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2/21/96 | 1000.00 |
| Joe Skeen for Congress P.O. Box 2446 Roswell, NM 88702 | US House-2nd Dist-NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2/21/96 | 750.00 |
| Todd Tiahrt for Congress P.O. Box 231 Goddard, KS 67052 | US House-4th Dist-KS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2/21/96 3/14/96 | 500.00 500.00 |
| Jack Reed Committee P.O. Box 8628 Cranston, RI 02920 | US House-2nd Dist-RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/14/96 | 1000.00 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 6750.00 |
| 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

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Callahan for Congress P.O. Box 7641 4328 Blvd. Park South Mobile, AL 36670 | US House-1st Dist-AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/26/96 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code Friends of Sherwood Boehlert P.O. Box C Utica, NY 13503 | US House-23rd Dist-NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/13/96 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code Tom DeLay Congressional Cmte 10707 Corporate Drive Suite 130 Stafford, TX 77477 | US House-22nd Dist-TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/1/96 | 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) | 2000.00 |
| TOTAL This Period (last page this line number only) | 8750.00 |

96030391934

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) PAGE OF
 for each category of the 1 1
 Detailed Summary Page FOR LINE NUMBER
 21b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or 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. C00280321

96630391935

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Mark Waclawski 409 Coline Lane, NW Vienna, VA 22180 | Fundraiser Coord. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Op. Expend | 1/27/96 | 100.00 |
| 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) 100.00

TOTAL This Period (last page this line number only) 100.00

**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

Registered/Certified Mail POSTMARKED
4/10/96

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

E.S.
PREPARER

4/11/96
DATE PREPARED

96030391936