



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-5

Joseph S. Littleton III, Treasurer
Paul Magliocchetti Associates, Inc.
Political Action Committee
1755 Jefferson Davis Hwy, Ste 1107
Arlington, VA 22202

APR 28 2000

Identification Number: C00280321

Reference: Year End Report (7/1/99-12/31/99)

Dear Mr. Littleton:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a non-multicandidate political committee and its affiliates, from making a contribution to a candidate for federal office in excess of \$1,000 per election. Please refer to the Campaign Guide for information on how a committee qualifies for multicandidate status.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$1,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

If your committee has met the criteria for multicandidate status, please file FEC FORM 1M "Notification of Multicandidate Status" with the Commission. The treasurer must file FEC FORM 1M prior to making a contribution of more than \$1000 per candidate per election. 11 CFR §102.2(a)(3)

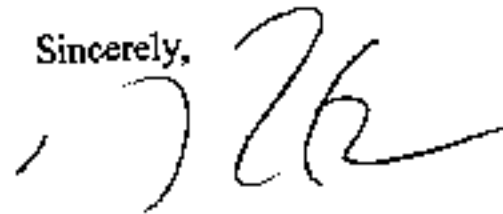
Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A, supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on

Schedule B, supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Neil A. Evans
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keylena Green PO Box 419 Oakton VA 22124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates Occupation Associate Aggregate Year-to-Date \$ 5000.00	01/13/1999	5000.00
Joseph S. Littleton, III 10220 Grovewood Way Fairfax VA 22032 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date \$ 500.00	01/13/1999	500.00
Tom Veltri 6729 Huntsman Blvd. Springfield VA 22152 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date \$ 4000.00	01/28/1999	4000.00
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):	Paul Magliocchetti Associates Occupation Associate Aggregate Year-to-Date \$ 300.00	02/01/1999	300.00
Greg Hansen 8815 Aclington Blvd. Fairfax VA 22031-2705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date \$ 400.00	02/08/1999	400.00
Joseph S. Littleton, III 10220 Grovewood Way Fairfax VA 22032 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date \$ 1000.00	02/12/1999	500.00
Tom Veltri 6729 Huntsman Blvd Springfield VA 22152 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date \$ 5000.00	02/12/1999	1000.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

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

Full Name, Mailing Address, and ZIP Code Mark Wacławski 408 Colin Lane NW Vienna VA 22180	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 02/16/1999	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 > \$ 1000.00	

Full Name, Mailing Address, and ZIP Code Sean Fogarty 9506 Yawl Court Burke VA 22015	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 02/17/1999	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 > \$ 500.00	

MS

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) 02/24/1999	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 > \$ 800.00	

Full Name, Mailing Address, and ZIP Code Mr. Charles Smith 1050 North Taylor Street Arlington VA 22201	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 02/26/1999	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 > \$ 500.00	

Full Name, Mailing Address, and ZIP Code Brian Thiel 12505 Lolly Post Lane Woodbridge VA 22182	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 02/26/1999	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 > \$ 500.00	

Full Name, Mailing Address, and ZIP Code Mr. Fred Clark 701 North Illinois Street Arlington VA 22205	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 03/01/1999	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 > \$ 1000.00	

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) 03/01/1999	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 > \$ 1500.00	

SUBTOTALS of Receipts This Page (Optional)

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

MS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Lynch 16719 Osterbury Ct. Dumfries VA 22026	Paul Magliocchetti Associates	03/01/1998	833.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 833.32	
Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015	Paul Magliocchetti Associates	03/01/1998	470.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 1070.00	
Greg Hanser 8815 Adington Blvd. Fairfax VA 22031-2705	Paul Magliocchetti Associates, Inc.	03/02/1998	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 800.00	
Mr. Tim Sanders 4534 Conwell Drive Annandale VA 22003	Paul Magliocchetti Associates, Inc.	03/02/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 500.00	
Mr. Daniel Fleming 6408 Crayford Street Burke VA 22015-4178	Paul Magliocchetti Associates, Inc.	03/05/1999	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 1000.00	
Pa: Hiv 3652 Knox Court Woodbridge VA 22193	Paul Magliocchetti Associates, Inc.	03/11/1999	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 300.00	
Mark Wactowski 408 Collin Lane NW Vienna VA 22180	Paul Magliocchetti Associates, Inc.	03/11/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 1500.00	

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

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015	Paul Magliocchetti Associates Occupation: Associate	04/08/1999	470.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1540.00		
Mr. Fred Clark 701 North Illinois Street Arlington VA 22205	Paul Magliocchetti Associates, Inc. Occupation: Associate	04/08/1999	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000.00		
Sean Fogarty 9506 Yawl Court Burke VA 22015	Paul Magliocchetti Associates, Inc. Occupation: Associate	04/13/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Pat Hlu 3652 Knox Court Woodbridge VA 22183	Paul Magliocchetti Associates, Inc. Occupation: Associate	04/13/1999	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
Joseph S. Littleton, III 10220 Groveswood Way Fairfax VA 22032	Paul Magliocchetti Associates, Inc. Occupation: Associate	04/13/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000.00		
Mr. Binggs Shade 7722 Carreigh Parkway Springfield VA 22152	Paul Magliocchetti Associates, Inc. Occupation: Associate	04/13/1999	5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Sean Fogarty 9506 Yawl Court Burke VA 22015	Paul Magliocchetti Associates, Inc. Occupation: Associate	04/23/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1500.00		

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Paul Magliocchetti Associates, Inc. Political Action Committee

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) 05/11/1999	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 > \$ 1500.00		

MS

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) 05/11/1999	Amount of Each Receipt this Period 300.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1840.00		

Full Name, Mailing Address, and ZIP Code Greg Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 05/16/1999	Amount of Each Receipt this Period 400.00
	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 Dan Cunningham 3442 Mt. Burnside Way Woodbridge VA 22192	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 05/20/1999	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 > \$ 3000.00		

Full Name, Mailing Address, and ZIP Code John Lynch 18719 Oslensky Ct Dumfries VA 22026	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 06/01/1999	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 > \$ 2063.30		

MS

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) 06/01/1999	Amount of Each Receipt this Period 390.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2230.00		

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) 06/03/1999	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 > \$ 2000.00		

SUBTOTALS of Receipts This Page (Optional)

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Greg Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705	Paul Magliocchetti Associates, Inc.	07/06/1999	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 2400.00	
Mr. Tim Sanders 4534 Cornwell Drive Annandale VA 22003	Paul Magliocchetti Associates, Inc.	07/06/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 2500.00	
Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015	Paul Magliocchetti Associates	07/06/1999	470.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 2400.00	
Mr. Fred Clark 701 North Nims Street Arlington VA 22205	Paul Magliocchetti Associates, Inc.	07/12/1999	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 5000.00	
Pat Hu 3852 Knox Court Woodbridge VA 22193	Paul Magliocchetti Associates, Inc.	07/12/1999	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 1800.00	
John Lynch 18719 Osterbury Ct. Dumfries VA 22026	Paul Magliocchetti Associates	07/12/1999	416.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 2499.96	
Mr. Steve Maday 10522 Providence Way Fairfax VA 22030	Paul Magliocchetti Associates, Inc.	07/12/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 500.00	

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Paul Magliocchetti Associates, Inc. Political Action Committee

Full Name, Mailing Address, and ZIP Code John Lynch 16718 Osterbury Ct. Dumfries VA 22026	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 08/09/1999	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 > \$ 2816.62		

Full Name, Mailing Address, and ZIP Code Mr. Steve Macey 10522 Providence Way Fairfax VA 22030	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/09/1999	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 > \$ 1000.00		

Full Name, Mailing Address, and ZIP Code Ms Kelli Short 2400 Glebe Road Apt # 506 Arlington VA 22206	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 08/09/1999	Amount of Each Receipt This Period 100.00
	Occupation Legislative Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		

Full Name, Mailing Address, and ZIP Code Brian Thel 42505 Lety Post Lane Woodbridge VA 22182	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/09/1999	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 > \$ 2000.00		

Full Name, Mailing Address, and ZIP Code Mark Wadawski 409 Coth Lane NW Vienna VA 22180	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/09/1999	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 > \$ 4000.00		

MS

Full Name, Mailing Address, and ZIP Code Mrs. Sandy Welch 5834 Robbms Next Lane Burke VA 22015	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 08/08/1999	Amount of Each Receipt This Period 470.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2870.00		

Full Name, Mailing Address, and ZIP Code Pat Hu 3652 Knox Court Woodbridge VA 22193	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/12/1999	Amount of Each Receipt This Period 300.00
	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2100.00		

SUBTOTALS of Receipts This Page (Optional)		
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Paul Magliocchetti Associates, Inc. Political Action Committee

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms Keli Shori 2400 Glebe Road Apt # 506 Arlington VA 22206	Paul Magliocchetti Associates	09/07/1999	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Legislative Assistant	Aggregate Year-to-Date > \$ 300.00	
Mr. Daniel Fleming 6488 Crayford Street Burke VA 22015-4178	Paul Magliocchetti Associates, Inc.	09/11/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 3500.00	
Greg Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705	Paul Magliocchetti Associates, Inc.	09/11/1999	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 3200.00	
Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015	Paul Magliocchetti Associates	09/11/1999	470.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 3340.00	
Pat Hiu 3652 Knox Court Woodbridge VA 22193	Paul Magliocchetti Associates, Inc.	09/15/1999	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 2400.00	
Mr. Tim Sanders 4534 Conwell Drive Arlington VA 22003	Paul Magliocchetti Associates, Inc.	09/15/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 3500.00	
Mark Wactawski 409 Cohn Lane NW Vienna VA 22180	Paul Magliocchetti Associates, Inc.	09/15/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 4500.00	

MS

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SCHEDULE A

ITEMIZED RECEIPTS

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

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 Ms Kell Short 2403 Glebe Road Apt # 506 Arlington VA 22206	Name of Employer Paul Magliocchetti Associates	Date (month, day, year) 10/13/1998	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Legislative Assistant	Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code Mr Charles Smith 1050 North Taylor Street Arlington VA 22204	Name of Employer Paul Magliocchetti Associates, Inc	Date (month, day, year) 10/13/1998	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 1400.00	
Full Name, Mailing Address, and ZIP Code Mark Wacławski 408 Coin Lane NW Vienna VA 22180	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 10/13/1998	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 5000.00	
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) 10/13/1998	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 3580.00	
Full Name, Mailing Address, and ZIP Code Mr. Tim Sanders 4534 Conwell Drive Annandale VA 22003	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 10/14/1998	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 4000.00	
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) 10/14/1998	Amount of Each Receipt This Period 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 3810.00	
Full Name, Mailing Address, and ZIP Code Sean Fogarty 9506 Yawf Court Burke VA 22015	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 11/01/1998	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 4500.00	

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SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Greg Hansen 8815 Arlington Blvd Fairfax VA 22031-2705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates, Inc. Occupation: Associate Aggregate Year-to-Date \$ 3600.00	11/01/1998	400.00
Mr. Daniel Fleming 6488 Crayford Street Burke VA 22015-4178 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates, Inc. Occupation: Associate Aggregate Year-to-Date \$ 4250.00	11/04/1998	750.00
John Lynch 16719 Osterbury Ct. Dumfries VA 22026 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates Occupation: Associate Aggregate Year-to-Date \$ 4188.66	11/04/1998	418.66
Greg Hansen 8815 Arlington Blvd Fairfax VA 22031-2705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates, Inc. Occupation: Associate Aggregate Year-to-Date \$ 4000.00	11/05/1998	400.00
Mrs. Sandy Welch 5834 Robbins West Lane Burke VA 22015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates Occupation: Associate Aggregate Year-to-Date \$ 4280.00	11/05/1998	470.00
Mr. Tim Sanders 4534 Conwell Drive Annandale VA 22003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates, Inc. Occupation: Associate Aggregate Year-to-Date \$ 4500.00	11/13/1998	500.00
Brian Thiel 12505 Loby Post Lane Woodbridge VA 22192 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paul Magliocchetti Associates, Inc. Occupation: Associate Aggregate Year-to-Date \$ 3000.00	11/13/1998	500.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

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SCHEDULE A

ITEMIZED RECEIPTS

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

Full Name, Mailing Address, and ZIP Code Pat Hiu 3652 Knox Court Woodbridge VA 22183	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 11/15/1999	Amount of Each Receipt this Period 300.00
	Occupation Associate	Aggregate Year-to-Date > \$ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Full Name, Mailing Address, and ZIP Code Joseph S. Littleton, III 10220 Groveswood Way Fairfax VA 22032	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 11/15/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate	Aggregate Year-to-Date > \$ 4500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Full Name, Mailing Address, and ZIP Code Mr. Steve Macey 10522 Providence Way Fairfax VA 22030	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 11/15/1999	Amount of Each Receipt this Period 500.00
	Occupation Associate	Aggregate Year-to-Date > \$ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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) 12/03/1999	Amount of Each Receipt this Period 100.00
	Occupation Legislative Assistant	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Handwritten initials 'ME' in the left margin.

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) 12/03/1999	Amount of Each Receipt this Period 470.00
	Occupation Associate	Aggregate Year-to-Date > \$ 4750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Full Name, Mailing Address, and ZIP Code Mr. Daniel Fleming 8488 Crayford Street Burke VA 22015-4178	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/17/1999	Amount of Each Receipt this Period 750.00
	Occupation Associate	Aggregate Year-to-Date > \$ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Full Name, Mailing Address, and ZIP Code Pat Hiu 3652 Knox Court Woodbridge VA 22193	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/17/1999	Amount of Each Receipt this Period 1000.00
	Occupation Associate	Aggregate Year-to-Date > \$ 4000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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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

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nancy Magliocchetti 10203 Woodvale Pond Dr. Fairfax Station VA 22039	None	12/30/1988	5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	
Paul Magliocchetti 10203 Woodvale Pond Dr. Fairfax Station VA 22039	Self	12/30/1988	5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 5000.00	
Mr. Charles Smith 1050 North Taylor Street Arlington VA 22201	Paul Magliocchetti Associates, Inc.	12/30/1999	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 2400.00	
Mrs. Sandy Welch 5834 Robbins Nest Lane Burke VA 22015	Paul Magliocchetti Associates	12/30/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 5000.00	

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SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

53369.86

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - NJ - 11)	Date (month, day, year)	Amount of Each Disbursement This Period
Rep. Rodney Frelinghuysen Frelinghuysen for Congress PO Box 626 Morristown NJ 07960	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/20/1999	1000.00
FRIENDS OF FARR 555 CAPITOL MALL SUITE 1425 SACRAMENTO CA 95814	Purpose of Disbursement (House - CA - 17) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/20/1999	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Jones, Walter Walter Jones for Congress Cmte. PO Box 99687 Raleigh NC 27624	Purpose of Disbursement (House - NC - 3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/20/1999	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code KAY BAILEY HUTCHISON FOR SENATE COMMITTEE PO BOX 9190 800 BRAZOS SUITE 1200 DALLAS TX 75209	Purpose of Disbursement (Senate - TX - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/20/1999	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code BRADY FOR CONGRESS PO BOX 8277 WOODLANDS TX 77387	Purpose of Disbursement (House - TX - 08) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/21/1999	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code FRIENDS OF BENNIE THOMPSON PO BOX 100 BOLTON MS 39041	Purpose of Disbursement (House - MS - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/21/1999	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code FRIENDS OF DAVE WELDON PO BOX 968 MELBOURNE FL 32902	Purpose of Disbursement (House - FL - 15) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/21/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code FRIENDS OF RAY LAHOOD 3311 N STERLING AV STE 10 PEORIA IL 61604	Purpose of Disbursement (House - IL - 18) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/21/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Rep. Robert Andrews Andrews for Congress PO Box 2314 Washington DC 20013	Purpose of Disbursement (House - NJ - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04/22/1999	Amount of Each Disbursement This Period 1000.00

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - WA - 6) 4/20/98 (88 General) check never cashed	Date (month, day, year)	Amount of Each Disbursement This Period
Rep. Norm Dicks Norm Dicks for Congress 4451 North Capitol St. NW Washington DC 20001	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	07/01/1998	-1000.00
Rep. Jerry Lewis Lewis for Congress Cmte. 4451 Brookfield Corp. Dr. Charlottesville VA 20151-1652	Purpose of Disbursement (House - CA - 40) 4/20/88 (98 Primary) check never cashed	Date (month, day, year) 07/01/1998	Amount of Each Disbursement This Period -500.00
Rep. Jerry Lewis Lewis for Congress Cmte. 4451 Brookfield Corp. Dr. Charlottesville VA 20151-1652	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		
BRADY FOR CONGRESS PO BOX 8277 WOODLANDS TX 77387	Purpose of Disbursement (House - TX - 08)	Date (month, day, year) 07/13/1998	Amount of Each Disbursement This Period 1000.00
BRADY FOR CONGRESS PO BOX 8277 WOODLANDS TX 77387	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
ROBB FOR THE SENATE POST OFFICE BOX 1278 MCLEAN VA 22101	Purpose of Disbursement (Senate - VA - 00)	Date (month, day, year) 07/13/1998	Amount of Each Disbursement This Period 1000.00
ROBB FOR THE SENATE POST OFFICE BOX 1278 MCLEAN VA 22101	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
EVA CLAYTON COMMITTEE FOR CONGRESS 307 W FRANKLIN STREET WARRENTON NC 27585	Purpose of Disbursement (House - NC - 01)	Date (month, day, year) 07/21/1998	Amount of Each Disbursement This Period 500.00
EVA CLAYTON COMMITTEE FOR CONGRESS 307 W FRANKLIN STREET WARRENTON NC 27585	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Rep. John Sununu Sununu for Congress 320 5th St. SE Apt. A Washington DC 20003	Purpose of Disbursement (House - NH - 1)	Date (month, day, year) 07/21/1998	Amount of Each Disbursement This Period 500.00
Rep. John Sununu Sununu for Congress 320 5th St. SE Apt. A Washington DC 20003	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
MCCOLLUM, BILL POST OFFICE BOX 532015 ORLANDO FL 32853	Purpose of Disbursement (Senate - FL - 00)	Date (month, day, year) 07/27/1998	Amount of Each Disbursement This Period 500.00
MCCOLLUM, BILL POST OFFICE BOX 532015 ORLANDO FL 32853	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Rep. Rod Blagojevich Blagojevich for Congress 110 B East Broad Street Falls Church VA 22048	Purpose of Disbursement (House - IL - 5)	Date (month, day, year) 07/28/1998	Amount of Each Disbursement This Period 500.00
Rep. Rod Blagojevich Blagojevich for Congress 110 B East Broad Street Falls Church VA 22048	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Hookey, Darlene Darlene Hookey for Congress P.O. Box 2050 Salem OR 97308	Purpose of Disbursement (House - OR - 5)	Date (month, day, year) 08/02/1998	Amount of Each Disbursement This Period 500.00
Hookey, Darlene Darlene Hookey for Congress P.O. Box 2050 Salem OR 97308	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)
Paul Magliocchetti Associates, Inc. Political Action Committee

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - TX - 19)	Date (month, day, year)	Amount of Each Disbursement This Period
COMBEST CONGRESSIONAL COMMITTEE P O BOX 10667 LUBBOCK TX 79408	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/21/1999	1000.00
Hooley, Darlene Darlene Hooley for Congress P.O. Box 2050 Salem OR 97308	Purpose of Disbursement (House - OR - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/13/1999	1000.00
Mollohan Mollohan for Congress P.O. Box 1343 Fairmont WV 26554	Purpose of Disbursement (House - WV - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/21/1999	1000.00
Rep. Tom Sawyer The Tom Sawyer Committee PO Box 75214 Washington DC 20013-5214	Purpose of Disbursement (House - OH - 14) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/21/1999	500.00
ENRICH FOR CONGRESS COMMITTEE 1301 YORK RD SUITE 705 LUTHERVILLE MD 21093	Purpose of Disbursement (House - MD - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/22/1999	250.00
Rep. J.C. Watts Friends of J.C. Watts 2420 Springer Dr., #120 Norman OK 73069	Purpose of Disbursement (House - OK - 4) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/22/1999	500.00
MCCRERY FOR CONGRESS 1900 CNB TOWER 333 TEXAS STREET 333 TEXAS STREET SHREVEPORT LA 71101	Purpose of Disbursement (House - LA - 04) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/29/1999	500.00
Cable, Howard Cable for Congress 4451 Brookfield Corp. Dr., Ste. 200 Charlottesville VA 20161-1652	Purpose of Disbursement (House - NC - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	500.00
FRIENDS OF CONRAD BURNS (1994) PO BOX 3311 BILLINGS MT 59103	Purpose of Disbursement (Senate - MT - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	1000.00

SUBTOTALS of Disbursements This Page (Optional)

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