



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

(revised 1/1/91)

NAME OF COMMITTEE Paul Magliocchetti Associates, Inc  
Political Action Committee

REPORT COVERING PERIOD  
FROM July 1, 1993 TO July 31, 1993

23038061774

		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....		-0-	14,900.00
ii. Unitemized .....		-0-	100.00
iii. Total .....	(add i and ii) >	-0-	15,000.00
b. Political Party Committees .....		-0-	-0-
c. Other Political Committees (such as PACs) .....		-0-	-0-
d. Total Contributions .....	(add a iii, b and c) >	-0-	15,000.00
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-	51.54
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) >	-0-	15,051.54
20. Total Federal Receipts .....	(subtract line 18 from line 19) >	-0-	15,051.54
<b>II. Disbursements</b>			
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 .....		34.95	113.46
c. Total Operating Expenditures .....	(add a i, a ii, and b) >	34.95	113.46
22. Transfers to Affiliated/Other Party Committees .....		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		1,500.00	7,300.00
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 .....		-0-	-0-
30. Total Disbursements .....	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,534.95	7,413.46
31. Total Federal Disbursements .....	(subtract line 21 a ii from line 30) >	1,534.95	7,300.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....		-0-	15,000.00
33. Total Contribution Refunds (from line 28d) .....		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from line 32) .....		-0-	15,000.00
35. Total Federal Operating Expenditures .....	(add 21 a i and 21 b) >	34.95	113.46
36. Offsets to Operating Expenditures (from line 15) .....		-0-	51.54
37. Net Operating Expenditures .....	(subtract line 36 from line 35) >	34.95	61.92

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

23038061975

A. Full Name, Mailing Address and ZIP Code  NONE  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....	-0-
TOTAL This Period (last page this line number only) .....	-0-

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Paul Magliocchetti Associates, Inc. - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"Sabo for Congress" 2425 E. Franklin Street Suite 310 Minneapolis, MN 55406	M. Sabo-US House of Rep 5th Dist. - MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/93	\$500.00
B. Full Name, Mailing Address and ZIP Code "Dicks for Congress" P.O. box 1663 Tacoma, WA 98401	N. Dicks-US House of Reps. 6th Dist - WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/93	\$500.00
C. Full Name, Mailing Address and ZIP Code "Citizens for Olympia Snowe" P.O. Box 1994 Auburn, ME 04210	O. Snowe-US House of Reps. 2nd Dist - ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/9/93	\$500.00
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

73038561996

SUBTOTAL of Disbursements This Page (optional) ..... \$1,500.00

TOTAL This Period (last page this line number only) ..... \$1,500.00

