

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 19
			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 Nancy Magliocchetti 10203 Woodvale Pond Dr. Fairfax Station VA 22039	Name of Employer None	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 5000.00
	Occupation 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 Paul Magliocchetti 10203 Woodvale Pond Dr. Fairfax Station VA 22039	Name of Employer Self	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 5000.00
	Occupation President 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 Mr. Charles Smith 1050 North Taylor Street Arlington VA 22201	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 1000.00
	Occupation Associate Aggregate Year-to-Date > \$ 2400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
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) 12/30/1999	Amount of Each Receipt this Period 250.00
	Occupation Associate Aggregate Year-to-Date > \$ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	53369.96