

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
MAIL ROOM

JAN 27 8 57 AM '97

1. NAME OF COMMITTEE (Do Not) Paul Magliocchetti Associates, Inc. Political Action Committee		2. FEC IDENTIFICATION NUMBER C00280321 a. <input type="checkbox"/> This committee has qualified as a national committee. (see FEC FORM 1M)
ADDRESS (Include apartment) <input type="checkbox"/> Check if different than previously reported 1755 Jefferson Davis Hwy, Suite 1107		
CITY, STATE AND ZIP CODE Arlington, VA 22202		

4. TYPE OF REPORT

April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (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

Thirtieth 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 on Commission? YES NO

SUMMARY		COLUMN A	COLUMN B
3. Covering Period		This Period	Calendar Year-to-Date
4. Cash on Hand January 1, 1996	11/26/96 through 12/31/96		\$ 19937.64
5. (a) Cash on Hand at Beginning of Reporting Period		\$ 7351.57	
(b) Total Receipts (From Line 10)		\$ 11500.00	\$ 47000.00
(c) Disbursements (From Lines 8(a) and 8(b) for Column A and Lines 8(a) and 8(b) for Column B)		\$ 18851.57	\$ 66937.64
6. Total Disbursements (From Line 8)		\$ -0-	\$ 48086.07
7. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(a))		\$ 18851.57	\$ 18851.57
8. Debits and Obligations owed TO the Committee (Increase all on Schedule H and for Schedule D)		\$ -0-	
9. Credits and Obligations owed BY the Committee (Increase all on Schedule C and for 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 of Print Name of Treasurer
Kaylene Green, Assistant Treasurer

Signature of Treasurer
Kaylene Green

Date
1/24/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 4336.

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

(revised 1/1/91)

NAME OF COMMITTEE: Magliocchetti Associates, Inc. Political Action Committee		REPORT COVERING PERIOD FROM: 1/26/96 TO: 12/31/96	
		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. Restricted Use Schedule D		11500.00	46500.00
II. Unrestricted			
III. Total	(add I and II) 0	11500.00	46500.00
b. Political Party Committees			
c. Other Political Committees (except PACs)			
d. Total Contributions	(add a, b and c) 0	11500.00	46500.00
12. Transfers from Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets to Operating Expenditures (Utilities, Salaries, etc.)			500.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Reciprocal Account for Joint Activity			
19. Total Receipts	(add 11, 12, 13, 14, 15, 16, 17, and 18) 0	11500.00	47000.00
20. Total Federal Receipts	(subtract line 15 from line 19) 0	11500.00	47000.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule B4)			
I. Federal Share			
II. Non-Federal Share			
b. Other Federal Operating Expenditures			886.07
c. Total Operating Expenditures	(add a, b, and c) 0		886.07
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			47200.00
24. Independent Expenditures (see Schedule E)			
25. Operational Expenditures Made by Party Committees (U.S.G. defined) (see Schedule F)			
26. Loan Disbursements Made			
27. Loans Made			
28. Refunds of Contributions to:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (except PACs)			
d. Total Contributions Refunds	(add a, b and c) 0		
29. Other Disbursements			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) 0		48086.07
31. Total Federal Disbursements	(subtract line 21 a II from line 30) 0		48086.07
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		11500.00	46500.00
33. Total Contributions Refunds (from line 30d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)		11500.00	46500.00
35. Total Federal Operating Expenditures	(add 21 a I and 21 a II) 0		886.07
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 35 from 36) 0		886.07

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule for each category of the Detailed Summary Page	OF 1 1
PAGE 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 purposes, other than being the name and address of any political committee to solicit contributions from such contributors.

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

FEC ID No. C00280321

A. Full Name, Mailing Address and ZIP Code Paul Magliocchetti 10203 Woodvale Pond Drive Fairfax, VA 22039 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/04/96	Amount of Each Receipt this Period 5000.00
	Occupation Self-employed Aggregatable \$ 5000.00		
B. Full Name, Mailing Address and ZIP Code Nancy Magliocchetti 10203 Woodvale Pond Drive Fairfax, VA 22039 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dr. Wendy Garson	Date (month, day, year) 12/04/96	Amount of Each Receipt this Period 5000.00
	Occupation Receptionist Aggregatable \$ 5000.00		
C. Full Name, Mailing Address and ZIP Code Joseph Littleton, III 10220 Grovewood Way Fairfax, VA 22032 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/17/96	Amount of Each Receipt this Period 1000.00
	Occupation Associate Aggregatable \$ 5000.00		
D. Full Name, Mailing Address and ZIP Code Tom Veltri 6729 Hunstman Blvd. Springfield, VA 22152 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 12/17/96	Amount of Each Receipt this Period 500.00
	Occupation Associate Aggregatable \$ 2500.00		
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 Aggregatable \$		
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 Aggregatable \$		
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 Aggregatable \$		

SUBTOTAL of Receipts This Page (optional)	11500.00
TOTAL This Period (last page this line number only)	11500.00

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

1-23-97

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

SES

PREPARER

1-27-97

DATE PREPARED