

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page	OF 1 1
PAGE LINE NUMBER 11a1	

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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 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 (Use page this line number only)	11500.00