

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule PAGE OF
for each category of the 1 1
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 to purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Political Action Committee
Paul Magliocchetti Associates, Inc. **FEC ID No.** C00280321

A. Full Name, Mailing Address and ZIP Code Pat Hiu 3652 Knox Ct. Woodbridge, VA 22193	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 07/16/96	Amount of Each Receipt this Period 300.00
	Occupation Associate	Date (month, day, year) 08/01/96	300.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 09/10/96	300.00

B. Full Name, Mailing Address and ZIP Code Mark Wacławski 409 Colin Ln., NW Vienna, VA 22180	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 07/18/96	Amount of Each Receipt this Period 300.00
	Occupation Associate	Date (month, day, year) 08/29/96	300.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 09/10/96	300.00

C. Full Name, Mailing Address and ZIP Code Tom Veltri 6729 Huntsman Blvd. Springfield, VA 22152	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/06/96	Amount of Each Receipt this Period 500.00
	Occupation Associate	Date (month, day, year) 09/10/96	500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 09/10/96	500.00

D. Full Name, Mailing Address and ZIP Code Joe Littleton 10220 Grovewood Way Fairfax, VA 22032	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/03/96	Amount of Each Receipt this Period 500.00
	Occupation Associate	Date (month, day, year) 09/03/96	500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 09/03/96	500.00

E. Full Name, Mailing Address and ZIP Code (Empty)	Name of Employer (Empty)	Date (month, day, year) (Empty)	Amount of Each Receipt this Period (Empty)
	Occupation (Empty)	Date (month, day, year) (Empty)	(Empty)
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) (Empty)	(Empty)

F. Full Name, Mailing Address and ZIP Code (Empty)	Name of Employer (Empty)	Date (month, day, year) (Empty)	Amount of Each Receipt this Period (Empty)
	Occupation (Empty)	Date (month, day, year) (Empty)	(Empty)
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) (Empty)	(Empty)

G. Full Name, Mailing Address and ZIP Code (Empty)	Name of Employer (Empty)	Date (month, day, year) (Empty)	Amount of Each Receipt this Period (Empty)
	Occupation (Empty)	Date (month, day, year) (Empty)	(Empty)
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) (Empty)	(Empty)

SUBTOTAL of Receipts This Page (optional)	3300.00
TOTAL This Period (last page this line number only)	3300.00