

SCHEDULE A

ITEMIZED RECEIPTS

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

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 Pat Hiu 3852 Knox Court Woodbridge VA 22193	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/05/1997	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 3000.00	
Full Name, Mailing Address, and ZIP Code Tom Velti 8728 Huntsman Blvd. Springfield VA 22152	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/05/1997	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 4000.00	
Full Name, Mailing Address, and ZIP Code Greg Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 08/12/1997	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 2700.00	
Full Name, Mailing Address, and ZIP Code Mark Wacławski 408 Colin Lane NW Vienna VA 22180	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/05/1997	Amount of Each Receipt this Period 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 3500.00	
Full Name, Mailing Address, and ZIP Code Pat Hiu 3852 Knox Court Woodbridge VA 22193	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/05/1997	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 3000.00	
Full Name, Mailing Address, and ZIP Code Greg Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/05/1997	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 2700.00	
Full Name, Mailing Address, and ZIP Code Joseph S. Littleton, III 10220 Greenwood Way Fairfax VA 22032	Name of Employer Paul Magliocchetti Associates, Inc.	Date (month, day, year) 09/12/1997	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate	Aggregate Year-to-Date > \$ 5000.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)