

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 Joseph S. 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. Occupation Associate Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 02/24/1998	Amount of Each Receipt this Period 600.00
Full Name, Mailing Address, and ZIP Code Greg Hansen 8815 Arlington Blvd. Fairfax VA 22031-2705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 02/24/1998	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code Sean Fogarty 9506 Yawt Court Burke VA 22015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 02/24/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Tom Veltri 8729 Huntman 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. Occupation Associate Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 03/10/1998	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Joseph S. 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. Occupation Associate Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 03/10/1998	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Mark Wacławski 409 Colin Lane NW Vienna VA 22180 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 03/10/1998	Amount of Each Receipt this Period 400.00
Full Name, Mailing Address, and ZIP Code Pat Hiu 3852 Knox Court Woodbridge VA 22193 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paul Magliocchetti Associates, Inc. Occupation Associate Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 03/10/1998	Amount of Each Receipt this Period 300.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)