REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ...

SEP 11 4 11 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Pioneer PAC

ADDRESS (number and street) ☐ Check if different than previously reported
499 South Capitol St., SW, Suite 408

CITY, STATE and ZIP CODE
Washington, DC 20003

2. FEC IDENTIFICATION NUMBER
C00325357

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-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

☐ Twelfth 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 an Amendment? [X] YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 05/01/98 through 05/31/98		
6. (a) Cash on Hand January 1, 19 98		$ 605,776.86
(b) Cash on Hand at Beginning of Reporting Period	$ 581,952.99	
(c) Total Receipts (from Line 19)	$ 52,563.00	$ 471,378.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 634,515.99	$ 1,077,155.76
7. Total Disbursements (from Line 30)	$ 250,272.49	$ 692,912.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 384,243.50	$ 384,243.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 81.60	

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 or Print Name of Treasurer
Barbara W. Bonfiglio - Assistant Treasurer

Signature of Treasurer
Barbara W. Bonfiglio

Date
9/11/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

4-00173