REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 20 9 54 AM '97

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. ☐ 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? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 05/01/97 through 05/31/97		
6. (a) Cash on Hand January 1, 19 97		$ 30,887.19
(b) Cash on Hand at Beginning of Reporting Period	$ 30,229.33	
(c) Total Receipts (from Line 19)	$ 4,750.00	$ 59,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 34,979.33	$ 89,887.19
7. Total Disbursements (from Line 30)	$ 15,234.20	$ 70,142.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 19,745.13	$ 19,745.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

Signature of Treasurer
Barbara W. Bonfiglio

Date
6/20/97

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)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Pioneer PAC

REPORT COVERING PERIOD FROM 05/01/97 TO: 05/31/97

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,250.00	54,500.00	11(a)(i)
ii. Unitemized	2,500.00	2,500.00	11(a)(ii)
iii. Total (add i and ii) ➤	3,750.00	57,000.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	1,000.00	2,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	4,750.00	59,000.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,750.00	59,000.00	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	4,750.00	59,000.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	12,448.37	66,356.23	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	12,448.37	66,356.23	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,785.83	3,785.83	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	15,234.20	70,142.06	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	15,234.20	70,142.06	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,750.00	59,000.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,750.00	59,000.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	12,448.37	66,356.23	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	12,448.37	66,356.23	37

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James Parker 5766 N. Pennsylvania St. Indianapolis, IN 46220	Anthem, Inc. Occupation: Insurance Exec.	05/27/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Michael Siegal 921 West Hill Drive Gates Mills, OH 44040	Olympic Steel Inc. Occupation: Executive	05/27/97	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	1,250.00
TOTAL this Period (Last page this line number only) ..... >	1,250.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11 c

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
The Blue Cross & Blue Shield Asso. PAC 1310 G Street, NW, 12th fl. Washington, DC 20005		05/27/97	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	1,000.00
TOTAL this Period (Last page this line number only) >	1,000.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 3
	FOR LINE NUMBER 21B

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
First Union National Bank P.O. Box 44236 Jacksonville, FL 32231	credit card payment Disbursement For: Primary General Other (Specify)	05/05/97	146.80
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
First Union National Bank P.O. Box 44236 Jacksonville, FL 32231	credit card payment Disbursement For: Primary General Other (Specify)	05/30/97	1,310.15
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Chris Singerling 7002 Quander Road Alexandria, VA 22307	reimburse operating exps. Disbursement For: Primary General Other (Specify)	05/05/97	81.13
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Chris Singerling 7002 Quander Road Alexandria, VA 22307	salary Disbursement For: Primary General Other (Specify)	05/12/97	1,814.86
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Andrea Hedberg 1801 Crystal Dr., #1117 Arlington, VA 22202	salary Disbursement For: Primary General Other (Specify)	05/12/97	1,558.23
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
First Union National Bank P.O. Box 44236 Jacksonville, FL 32231	payroll taxes Disbursement For: Primary General Other (Specify)	05/15/97	1,364.20
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Bell Atlantic/NYNEX Mobile P.O. Box 64268 Baltimore, MD 21264	phones Disbursement For: Primary General Other (Specify)	05/06/97	430.19
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
First Union 20th & L Sts., NW Washington, DC 20036	Cashier's ck - WRTA, Inc. Disbursement For: Primary General Other (Specify)	05/06/97	75.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Bell Atlantic P.O. Box 646 Baltimore, MD 21265	phone service Disbursement For: Primary General Other (Specify)	05/21/97	282.80

SUB TOTAL of Disbursements this page (Optional) ..... >	7,063.36
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 3
	FOR LINE NUMBER 21B

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code Staples 6224 Richmond Hwy. Alexandria, VA 22303	Purpose of Disbursement office equipment Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 05/06/97	Amount of Each Disb. this Period 1,180.83
B. Full Name, Mailing Address and Zip Code Blue Cross Blue Shield 550 12th Street, SW Washington, DC 20065	Purpose of Disbursement insurance Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 05/15/97	Amount of Each Disb. this Period 283.50
C. Full Name, Mailing Address and Zip Code Cort Furniture Rental 801 Hampton Park Blvd. Capitol Heights, MD 20743	Purpose of Disbursement furniture rental Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 05/21/97	Amount of Each Disb. this Period 154.73
D. Full Name, Mailing Address and Zip Code Lucent Technologies P.O. Box 371358 Pittsburgh, PA 15286	Purpose of Disbursement phone bill Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 05/21/97	Amount of Each Disb. this Period 100.59
E. Full Name, Mailing Address and Zip Code Marfair Joint Venture 499 South Capitol St., SW, Suite 505 Washington, DC 20003	Purpose of Disbursement parking Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 05/21/97	Amount of Each Disb. this Period 375.00
F. Full Name, Mailing Address and Zip Code Marfair Joint Venture 499 South Capitol St., SW, Suite 505 Washington, DC 20003	Purpose of Disbursement June rent Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 05/28/97	Amount of Each Disb. this Period 2,025.00
G. Full Name, Mailing Address and Zip Code Sprint Spectrum P.O. Box 64096 Baltimore, MD 21264	Purpose of Disbursement cell phone bill Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 05/21/97	Amount of Each Disb. this Period 275.07
H. Full Name, Mailing Address and Zip Code Sprint Spectrum P.O. Box 64096 Baltimore, MD 21264	Purpose of Disbursement cell phone bill Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 05/21/97	Amount of Each Disb. this Period 289.80
I. Full Name, Mailing Address and Zip Code Todd Allan Printing Co. 5760 Sunnyside Ave. Beltsville, MD 20705	Purpose of Disbursement printing expense Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 05/21/97	Amount of Each Disb. this Period 407.14

SUB TOTAL of Disbursements this page (Optional) ..... >	5,091.66
TOTAL this Period (Last page this line number only) ..... >	12,155.02

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)

Pioneer PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hyatt Regency - Washington 400 New Jersey Ave., NW Washington, DC 20001	fundr. exp.- food & bev. Disbursement for: Primary General Other (specify)	05/06/97	*611.00 *memo-payment by Credit card
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Travel 2000 6721 Springfield - F-9 Springfield, VA 22150	office supplies Disbursement for: Primary General Other (specify)	05/07/97	*208.99 *memo-payment by Credit card
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J&A Cards T/A Trover Shop 221 Pennsylvania Ave., SE Washington, DC 20003	office supplies Disbursement for: Primary General Other (specify)	05/01/97	*280.24 *memo-payment by Credit Card
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FEC/AN-101

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Baker for Congress 46 Lincoln Hill, S.W. Quincy, IL 62301	Baker , U.S. HOUSE 17th IL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	05/15/97	1,000.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (Month day, Year)**	**Amount of Each Disb. this Period**
Chris Singerling 7002 Quander Road Alexandria, VA 22307	meals, parking exps. reimbursal Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	05/09/97	153.03 (In-Kind)
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Royce Campaign Committee P.O. Box 6765 Fullerton, CA 92834	meals, parking exps. reimbursal Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	05/09/97	153.03 (Memo In-Kind)
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Royce Campaign Committee P.O. Box 6765 Fullerton, CA 92834	Ed Royce, U.S. HOUSE 39th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	05/08/97	1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Embassy Suites 900 East Birch Street Brea, CA 92821	lodging Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	05/06/97	114.40 (In-Kind)
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Royce Campaign Committee P.O. Box 6765 Fullerton, CA 92834	lodging Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	05/06/97	114.40 (Memo In-Kind)
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Beverly Hilton 9876 Wilshire Blvd. Beverly Hills, CA 90210	lodging Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	05/06/97	518.40 (In-Kind)
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Royce Campaign Committee P.O. Box 6765 Fullerton, CA 92834	lodging Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	05/06/97	518.40 (Memo In-Kind)
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Beverly Hilton 9876 Wilshire Blvd.	Ed Royce, U.S. House 39th CA Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	05/09/97 *payment by	*41.75 inkind-meals Credit card)

SUB TOTAL of Disbursements this page (Optional) ..... >	2,785.83
TOTAL this Period (Last page this line number only) ..... >	2,785.83

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 6-20-97
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SKY — PREPARER

6-20-97 — DATE PREPARED