REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

OCT 20 4 24 PM '97

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 preceeding _____ (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 09/01/97 through 09/30/97		
6. (a) Cash on Hand January 1, 1997		$ 30,887.19
(b) Cash on Hand at Beginning of Reporting Period	$ 24,805.29	
(c) Total Receipts (from line 19)	$ 17,500.00	$ 127,547.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 42,305.29	$ 158,434.61
7. Total Disbursements (from Line 30)	$ 18,978.08	$ 135,107.40
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 23,327.21	$ 23,327.21
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)	$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

Type or Print Name Of Treasurer
Barbara W. Bonfiglio

Signature of Treasurer: Barbara W. Bonfiglio

Date: 10/20/97

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: 09/01/97 TO: 09/30/97

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)	15,000.00	110,547.42
ii. Unitemized	0.00	2,500.00
iii. Total (add i and ii) >	15,000.00	113,047.42
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	2,500.00	14,500.00
d. Total Contributions (add a(iii),b and c) >	17,500.00	127,547.42
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	17,500.00	127,547.42
20. Total Federal Receipts (subtract line 18 from line 19) >	17,500.00	127,547.42
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	18,978.08	124,212.40
c. Total Operating Expenditures (Add a(i),a(ii), and b) >	18,978.08	124,212.40
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	10,895.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	18,978.08	135,107.40
31. Total Federal Disbursements (Subtract line 21 all from line 30) >	18,978.08	135,107.40
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	17,500.00	127,547.42
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	17,500.00	127,547.42
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	18,978.08	124,212.40
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	18,978.08	124,212.40

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	Date (Month day, Year)	Amount of Each Receipt this Period
Louis Mitchell 88 E. Broad St., Suite 1930 Columbus, OH 43215	First Financial Group Occupation: President	09/24/97	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Cynthia Halliday-Mitchell 137 S. Columbia Ave. Columbus, OH 43209	housewife Occupation	09/24/97	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Carol Sue Zacks 13405 Yarmouth Rd., NW Pickerington, OH 43147	housewife Occupation	09/30/97	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	15,000.00
TOTAL this Period (Last page this line number only) ..... >	15,000.00

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11 c

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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
Hobson for Congress 82 W. Columbia St. Springfield, OH 45502		09/30/97	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 2,500.00		
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) ..... > 2,500.00

TOTAL this Period (Last page this line number only) ..... > 2,500.00

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 / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
Police Patrol Security Systems 4600 Duke St., Ste. 431 Alexandria, VA 22304	security sys.	09/09/97	49.50
B. Full Name, Mailing Address and Zip Code First Union National Bank P.O. Box 44236 Jacksonville, FL 32231	credit card charges	09/30/97	497.54
C. Full Name, Mailing Address and Zip Code Chris Singerling 7002 Quander Road Alexandria, VA 22307	reimburse exps.	09/09/97	58.68
D. Full Name, Mailing Address and Zip Code Chris Singerling 7002 Quander Road Alexandria, VA 22307	salary	09/12/97	1,814.86
E. Full Name, Mailing Address and Zip Code Wilma Goldstein 4203 S. 35th Street Arlington, VA 22206	salary	09/12/97	3,340.89
F. Full Name, Mailing Address and Zip Code The Island House Huron Street Mackinac Island, MI 49757	fundraising exp. - lodging	09/18/97	299.70
G. Full Name, Mailing Address and Zip Code The Windmere Hotel P.O. Box 538 Mackinac Island, MI 49757	fundraising exp. - lodging	09/18/97	349.80
H. Full Name, Mailing Address and Zip Code District of Columbia - Emp. Services 500 C Street, NW, Room 501 Washington, DC 20001	payroll taxes	09/25/97	118.56
I. Full Name, Mailing Address and Zip Code First Union National Bank P.O. Box 44236 Jacksonville, FL 32231	payroll taxes	09/10/97	3,155.60

SUB TOTAL of Disbursements this page (Optional) ..... >	9,685.13
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	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Virginia Dept. of Taxation P.O. Box 27264 Richmond, VA 23261	payroll taxes Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/10/97	446.89
B. 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	cell phone charges Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/09/97	368.00
C. 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	cell phone charges Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/09/97	399.76
D. 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	cell phone charges Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/09/97	81.51
E. 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	cell phone charges Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/09/97	314.45
F. 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 charges Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/09/97	154.57
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
AT&T P.O. Box 371302 Pittsburgh, PA 15250	phone charges Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/09/97	74.04
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Blue Cross Blue Shield 550 12th Street, SW Washington, DC 20065	insurance Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/09/97	544.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
MacNair Travel Management 1703 Duke Street Alexandria, VA 22314	fundraising exp.- airfare Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/11/97	949.00

SUB TOTAL of Disbursements this page (Optional) ---------->	3,332.22
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 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
MacNair Travel Management 1703 Duke Street Alexandria, VA 22314	fundraising exp. - airfare Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/18/97	950.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
MacNair Travel Management 1703 Duke Street Alexandria, VA 22314	fundraising exp. - airfare Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/26/97	1,100.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Cort Furniture Rental 801 Hampton Park Blvd. Capitol Heights, MD 20743	furniture Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/09/97	154.73
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Reliable Office Supply 135 South LaSalle Street Chicago, IL 60674-8001	office supplies Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/09/97	453.14
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Marfair Joint Venture 499 South Capitol St., SW, Suite 505 Washington, DC 20003	rent exp. Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/03/97	2,025.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Marfair Joint Venture 499 South Capitol St., SW, Suite 505 Washington, DC 20003	parking exp. Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/03/97	250.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Todd Allan Printing Co. 5760 Sunnyside Ave. Beltsville, MD 20705	printing exp. Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/09/97	668.34
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Office Depot 6700 B Richmond Highway Alexandria, VA 22306	office supplies Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/01/97 09/02/97	*85.36 *33.71
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Office Depot same as above	office supplies Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	09/04/97 *memo-payments made by credit card	*74.16

SUB TOTAL of Disbursements this page (Optional) ---------->	5,600.21
TOTAL this Period (Last page this line number only) ---------->	18,617.56

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 recived.

☑	Hand Delivered	Date of Receipt 10-21-97
☐	First Class Mail	POSTMARKED
☐	Registerd/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
☐	Electronic Filing	

JMJJ
PREPARER

10/21/97
DATE PREPARED

(7/97)