REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Nov 20 3 59 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 405

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 10/01/97 through 10/31/97		
6. (a) Cash on Hand January 1, 19 97		$ 30,887.19
(b) Cash on Hand at Beginning of Reporting Period	$ 23,327.21	
(c) Total Receipts (from line 19)	$ 7,000.00	$ 134,547.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 30,327.21	$ 165,434.61
7. Total Disbursements (from Line 30)	$ 21,501.79	$ 156,609.19
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 8,825.42	$ 8,825.42
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	

For further information:
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: 11/20/97

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: 10/01/97 TO: 10/31/97

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)	5,000.00	115,547.42
ii. Unitemized	0.00	2,500.00
iii. Total (add i and ii)>	5,000.00	118,047.42
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	2,000.00	16,500.00
d. Total Contributions (add aiii,b and c)>	7,000.00	134,547.42
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)>	7,000.00	134,547.42
20. Total Federal Receipts (subtract line 18 from line 19)>	7,000.00	134,547.42
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	21,501.79	145,714.19
c. Total Operating Expenditures (Add ai,aii, and b)>	21,501.79	145,714.19
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)>	21,501.79	156,609.19
31. Total Federal Disbursements (Subtract line 21 aii from line 30)>	21,501.79	156,609.19
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	7,000.00	134,547.42
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	7,000.00	134,547.42
35. Total Federal Operating Expenditures (add 21 ai and 21 b)>	21,501.79	145,714.19
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35)>	21,501.79	145,714.19

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 Arthur Kobacker 5026 Dierker Rd., #A10 Columbus, OH 43220	Name of Employer retired Occupation	Date (Month day, Year) 10/08/97	Amount of Each Receipt this Period 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 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) >	5,000.00
TOTAL this Period (Last page this line number only) >	5,000.00

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 American Health Care Asso. PAC 1201 L Street, NW Washington, DC 20005	Name of Employer Occupation	Date (Month day,Year) 10/22/97	Amount of Each Receipt this Period 1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
B. Full Name, Mailing Address and Zip Code Portman for Congress Committee P.O. Box 2365 Cincinnati, OH 45201-2365	Name of Employer Occupation	Date (Month day,Year) 10/22/97	Amount of Each Receipt this Period 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) ..... >	2,000.00
TOTAL this Period (Last page this line number only) ..... >	2,000.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 4
	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 First Union Commercial Card P.O. Box 44236 Jacksonville, FL 32231	Purpose of Disbursement credit card payment Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 10/29/97	Amount of Each Disb. this Period 812.20
B. Full Name, Mailing Address and Zip Code Chris Singerling 7002 Quander Road Alexandria, VA 22307	Purpose of Disbursement reimburse fundr. exps. Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 10/01/97	Amount of Each Disb. this Period 318.43
C. Full Name, Mailing Address and Zip Code Chris Singerling 7002 Quander Road Alexandria, VA 22307	Purpose of Disbursement salary Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 10/09/97	Amount of Each Disb. this Period 1,814.86
D. Full Name, Mailing Address and Zip Code Wilma Goldstein 4203 S. 35th Street Arlington, VA 22206	Purpose of Disbursement salary Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 10/09/97	Amount of Each Disb. this Period 3,340.89
E. Full Name, Mailing Address and Zip Code Holiday Inn Convention Center 205 West Fourth St. Waterloo, IA 50701	Purpose of Disbursement fundr. exp. - lodging Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 10/10/97	Amount of Each Disb. this Period 215.04
F. Full Name, Mailing Address and Zip Code District of Columbia - Emp. Services 500 C Street, NW, Room 501 Washington, DC 20001	Purpose of Disbursement quarterly taxes Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 10/30/97	Amount of Each Disb. this Period 270.00
G. Full Name, Mailing Address and Zip Code First Union National Bank P.O. Box 44236 Jacksonville, FL 32231	Purpose of Disbursement payroll taxes Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 10/09/97	Amount of Each Disb. this Period 2,557.46
H. Full Name, Mailing Address and Zip Code Virginia Dept. of Taxation P.O. Box 27264 Richmond, VA 23261	Purpose of Disbursement payroll taxes Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 10/09/97	Amount of Each Disb. this Period 360.54
I. Full Name, Mailing Address and Zip Code Bell Atlantic/NYNEX Mobile P.O. Box 64268 Baltimore, MD 21264	Purpose of Disbursement cell phone charges Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 10/28/97	Amount of Each Disb. this Period 650.95
SUB TOTAL of Disbursements this page (Optional) ..... >			10,340.37
TOTAL this Period (Last page this line number only) ..... >			

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 4
	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
Bell Atlantic P.O. Box 646 Baltimore, MD 21265	phone charges Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/01/97	160.70
B. 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	local phone service Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/28/97	167.26
C. 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 service Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/28/97	562.27
D. 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)	10/28/97	272.00
E. 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	fundr. exp.- airfare Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/10/97	166.00
F. 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 rental Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/01/97	258.87
G. 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	office exp. Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/28/97	473.49
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Executive Office Club 1025 Connecticut Ave., Ste. 1012 Washington, DC 20036	answering service Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/01/97	306.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Midland Aviation Corp. 1400 Jim Hamilton Blvd. Columbia, SC 29205	fundr. exp. - airfare Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/10/97	980.10

SUB TOTAL of Disbursements this page (Optional) ..... >	3,346.69
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 4
	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
American Financial #1 East Fourth St. Cincinnati, OH 45202	fundr. exp. - airfare Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/14/97	1,628.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Elmcrest Country Club 1000 36th Street, NE Cedar Rapids, IA 52402	PAC fundraiser Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/28/97	932.54
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Lucent Technologies P.O. Box 371358 Pittsburgh, PA 15286	phone exp Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/28/97	100.59
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
SkyTel P.O. Box 3887 Jackson, MS 39207	paging service Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/28/97	206.73
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	October rent Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/22/97	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	November rent Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/22/97	2,025.00
G. 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	October parking Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/22/97	250.00
H. 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	November parking Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	10/22/97	250.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
	Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)		

SUB TOTAL of Disbursements this page (Optional) ---------->	7,417.86
TOTAL this Period (Last page this line number only) ---------->	21,104.92

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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
Office Depot 6700 B Richmond Highway Alexandria, VA 22306	office supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/01/97 *memo-payment made by credit card	*8.35
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Car Rental Capital City Airport Lansing, MI 48906	transportation Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/01/97 *memo-payment made by credit card	*167.69
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Park Central Hotel 870 Seventh Ave. New York, NY	lodging Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/01/97 *memo-payment made by credit card	*388.08
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

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

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

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 11-21-97
☐	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	

JMU
PREPARER

11-21-97
DATE PREPARED

(7/97)