48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL: PIONEER POLITICAL ACTION COMMITTEE

ADDRESS (number and street): 499 SOUTH CAPITOL STREET, SW SUITE 2000A

CITY, STATE, and ZIP CODE: WASHINGTON, D.C. 20003

2. NAME OF CANDIDATE: MULTI CANDIDATE COMMITTEE

3. OFFICE SOUGHT (State and District): —

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.

4. FEC IDENTIFICATION NUMBER: C00325357

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
FEDERAL EXPRESS PAC 1980 NONCONNAH BLVD MEMPHIS, TN 38132		10/30/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
BANK ONE CORPORATION PAC 1 BANK ONE PLAZA CHICAGO, IL 60670		10/30/00	5000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
VAN D. HIPP 809 N QUAKER LN ALEXANDRIA VA 22302-3416	AMERICAN DEFENSE INTERNATIONAL CHAIRMAN	10/30/00	1000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**

SIGNATURE (optional): Jack Hanson

DATE: 10/30/00

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

FEC FORM 6
(11/93)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
AMERICAN ASSOC. OF NURSE ANESTHETISTS CRNA PAC 412 FIRST STREET, SE SUITE 2 WASHINGTON, DC 20003		10/31/00	$1000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount

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FEC FORM 5 (11/93)

REMARKS

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.

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PREPARER	DATE PREPARED
n/a	n/a