

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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 Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Frederick H Graefe**

Mailing Address 319 Constitution Avenue, NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Law Offices of Frederick H Graefe	Occupation Attorney
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.0

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : 1345057701250**

Amount of Each Receipt this Period  
 500.0

Check

Full Name (Last, First, Middle Initial)  
**B. Jennifer Higgins**

Mailing Address 305 S. Payne St.  
No. 306

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Health Group, LLC	Occupation Principal
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.0

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : 1345057638032**

Amount of Each Receipt this Period  
 1000.0

Check

Full Name (Last, First, Middle Initial)  
**C. Leslie H. Wexner**

Mailing Address 3 Limited Parkway

City Columbus	State OH	Zip Code 43230
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer The Limited	Occupation President & CEO
---------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.0

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : 1345057210610**

Amount of Each Receipt this Period  
 5000.0

Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> This Period (last page this line number only).....	