

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Dec 19 4 25 PM '97

1. NAME OF COMMITTEE (in full) Pioneer PAC		2. FEC IDENTIFICATION NUMBER C00325357
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 499 South Capitol St., SW, Suite 408		
CITY, STATE and ZIP CODE Washington, DC 20003	3. <input type="checkbox"/> 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 <u>11/01/97</u> through <u>11/30/97</u>		
6. (a) Cash on Hand January 1, 1997		\$ 30,887.19
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 8,825.42	
(c) Total Receipts (from line 19).....	\$ 58,750.00	\$ 193,297.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 67,575.42	\$ 224,184.61
7. Total Disbursements (from Line 30).....	\$ 17,839.15	\$ 174,448.34
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))..	\$ 49,736.27	\$ 49,736.27
9. Debts and Obligations Owed TO 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
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.

Type or Print Name Of Treasurer
Barbara W. Bonfiglio

Signature of Treasurer
Barbara W. Bonfiglio

Date
12/19/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 11/1/91

NAME OF COMMITTEE Pioneer PAC	REPORT COVERING PERIOD	
	FROM: 11/01/97	TO: 11/30/97
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	51,050.00	166,597.42
ii. Unitemized.....	1,000.00	3,500.00
iii. Total.....(add i and ii) >	52,050.00	170,097.42
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	6,700.00	23,200.00
d. Total Contributions.....(add aiii,b and c) >	58,750.00	193,297.42
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) >	58,750.00	193,297.42
20. Total Federal Receipts.....(subtract line 18 from line 19) >	58,750.00	193,297.42
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.....	17,839.15	163,553.34
c. Total Operating Expenditures.....(Add a i,ii, and b) >	17,839.15	163,553.34
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) >	17,839.15	174,448.34
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30) >	17,839.15	174,448.34
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	58,750.00	193,297.42
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	58,750.00	193,297.42
35. Total Federal Operating Expenditures.....(add 21 aii and 21 b) >	17,839.15	163,553.34
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	17,839.15	163,553.34

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

1 1

FOR LINE NUMBER

11 c

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

<p>A. Full Name, Mailing Address and Zip Code Ordey for Congress P.O. Box 1996 Findlay, OH 45839</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 11/07/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>B. Full Name, Mailing Address and Zip Code National Action Committee 201 S. Biscayne Blvd., Ste. 880 Miami, FL 33131</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 11/25/97</p>	<p>Amount of Each Receipt this Period 3,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 3,000.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Bell South FED-PAC 1133 21st Street, NW, Ste. 900 Washington, DC 20036</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 11/25/97</p>	<p>Amount of Each Receipt this Period 1,500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,500.00</p>		
<p>D. Full Name, Mailing Address and Zip Code FPL-Employees PAC 700 Universe Blvd. P.O. Box 14000 Juno Beach, FL 33408</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 11/25/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Suntrust Bank PAC 215 South Monroe St., Ste. 125 Tallahassee, FL 32301</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 11/25/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Ryder Employees PAC 3600 N.W. 82nd Ave. Miami, FL 33166</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 11/25/97</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 200.00</p>		
<p>G. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$</p>		

SUB TOTAL of Receipts This Page (Optional).....> 6,700.00

TOTAL this Period (Last page this line number only).....> 6,700.00

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

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)

Pioneer PAC

A. Full Name, Mailing Address and Zip Code Jonathon Lee 32 Fisher Avenue Brookline, MA 02146		Name of Employer Lee Capital Holdings, L.L.C. Occupation Executive	Date (Month day, Year) 11/20/97	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 5,000.00		
B. Full Name, Mailing Address and Zip Code John Shaughnessy 91 Longmeadow Rd. Milton, MA 02186		Name of Employer info requested Occupation	Date (Month day, Year) 11/20/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 500.00		
C. Full Name, Mailing Address and Zip Code Michael Bloch 363 N. Drexel Columbus, OH 43209		Name of Employer Michael's Finer Meats Occupation Wholesale Meats	Date (Month day, Year) 11/24/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 5,000.00		
D. Full Name, Mailing Address and Zip Code Janis Bloch 363 N. Drexel Ave. Columbus, OH 43209		Name of Employer Homemaker Occupation	Date (Month day, Year) 11/24/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 5,000.00		
E. Full Name, Mailing Address and Zip Code Richard Egan 8 Queen Anne Rd. Hopkinton, MA 01748		Name of Employer EMI Corporation Occupation Executive	Date (Month day, Year) 11/24/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 5,000.00		
F. Full Name, Mailing Address and Zip Code Maureen Egan 403 Alexander Palm Rd. Boca Raton, FL 33432		Name of Employer Occupation Housewife	Date (Month day, Year) 11/24/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 5,000.00		
G. Full Name, Mailing Address and Zip Code Michael Egan 25 Alprilla Farm Rd. Hopkinton, MA 01748		Name of Employer Egan Capital Corporation Occupation Advisor	Date (Month day, Year) 11/24/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 5,000.00		

SUB TOTAL of Receipts This Page (Optional).....> 28,000.00

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

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

PAGE 2 OF 5

FOR LINE NUMBER 11 a 1

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
 Voter PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Donna Egan 25 Alprilla Farm Rd. Hopkinton, MA 01748	Housewife	11/24/97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		5,000.00
Christopher Egan 17 Alprilla Farm Rd. Hopkinton, MA 01748	Developer	11/24/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
John Egan 22 Old Farm Road Hopkinton, MA 01748	Executive V.P.	11/24/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
Pamela Egan 22 Old Farm Road Hopkinton, MA 01748	Homemaker	11/24/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
Maureen Petracca 1 Princess Lane Hopkinton, MA 01748	Homemaker	11/24/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
Paul Petracca 1 Princess Lane Hopkinton, MA 01748	Retired	11/24/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
Thomas Roderick Walkley 253 Marlborough St. #8 Boston, MA 02116	Financial Advisor	11/24/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00

SUB TOTAL of Receipts This Page (Optional) > 11,000.00

TOTAL this Period (Last page this line number only) >

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)

Ploneer PAC

<p>A. Full Name, Mailing Address and Zip Code Catherine Walkey 253 Marlborough St., #8 Boston, MA 02116</p>	<p>Name of Employer EFO, L.L.C.</p> <p>Occupation Foundation Manager</p>	<p>Date (Month day, Year) 11/24/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Norman Braman 1 SE 3rd Ave., Ste. 2130 Miami, FL 33131</p>	<p>Name of Employer Self-employed</p> <p>Occupation Car Dealer</p>	<p>Date (Month day, Year) 11/25/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Richard McMahon 625 Buntwood Ln. Miami, FL 33137</p>	<p>Name of Employer ERJ Insurance Group, Inc.</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/25/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Stanley Tate 1175 N.E. 125th St., Suite 102 North Miami, FL 33161</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Developer/Builder</p>	<p>Date (Month day, Year) 11/25/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Joseph Klock 200 Biscayne Blvd., 41st Fl. Miami, FL 33131-2398</p>	<p>Name of Employer Steel, Hecton & Davis, LLP</p> <p>Occupation Attorney</p>	<p>Date (Month day, Year) 11/25/97</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 400.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Richard Milenthal 10855 S.W. 53rd Ave. Coral Gables, FL 33156</p>	<p>Name of Employer Info requested</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/25/97</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 2,000.00</p>		
<p>G. Full Name, Mailing Address and Zip Code George Yoss 2601 S. Bayshore Dr., # 1600 Coconut Grove, FL 33133-5404</p>	<p>Name of Employer Cederno & Zeiler</p> <p>Occupation Attorney</p>	<p>Date (Month day, Year) 11/25/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		

SUB TOTAL of Receipts This Page (Optional).....> **6,400.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in full)

Konzer PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer Info requested	Date (Month day, Year)	Amount of Each Receipt this Period
John Smith 2801 Seminole St. Miami, FL 33133	Occupation	11/25/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
Juan Carlos Mas 6305 S.W. 128th St. Miami, FL 33156-5514	Occupation	11/25/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
Stuart Sisisky 6690 Windsor Lane Miami Beach, FL 33141	Occupation Vice President	11/25/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Thomas McGuigan 6645 S.W. 102 St. Miami, FL 33156	Occupation Attorney	11/25/97	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		400.00
Ronald Book 2251 N.E. 201st St. North Miami Beach, FL 33180	Occupation Attorney	11/25/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		300.00
Sergio Pino Info requested , FL	Occupation	11/25/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Thomas Korge 1424 Algardi Ave Coral Gables, FL 33146	Occupation Attorney	11/25/97	800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		800.00

SUB TOTAL of Receipts This Page (Optional).....> 4,250.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Flanner PAC

A. Full Name, Mailing Address and Zip Code Armando Cordino 650 Casuarina Concourse Coral Gables, FL 33143	Name of Employer The Cordina Group, Inc. Occupation Chairman	Date (Month day, Year) 11/25/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
B. Full Name, Mailing Address and Zip Code Fausto Gomez 1036 South Greenway Coral Gables, FL 33134	Name of Employer Gomez Barker Associates, Inc. Occupation President	Date (Month day, Year) 11/25/97	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 400.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	1,400.00
TOTAL this Period (Last page this line number only).....>	51,050.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	4
FOR LINE NUMBER		21B

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NAME OF COMMITTEE (in Full)
Booner PAC

A. Full Name, Mailing Address and Zip Code Goodwin Hotel One Haynes Street Hartford, CT 06103	Purpose of Disbursement fundr. exp. - lodging Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 11/07/97	Amount of Each Disb. this Period 400.96
B. Full Name, Mailing Address and Zip Code Chris Singerling 7002 Quander Road Alexandria, VA 22307	Purpose of Disbursement reimburse exps. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 11/07/97	Amount of Each Disb. this Period 75.03
C. Full Name, Mailing Address and Zip Code MacNair Travel Management 1703 Duke Street Alexandria, VA 22314	Purpose of Disbursement fundr. exp. - airfare Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 11/07/97	Amount of Each Disb. this Period 770.50
D. Full Name, Mailing Address and Zip Code Joseph McKenney P.O. Box 21872 Columbia, SC 29221	Purpose of Disbursement fundr. exp. - airfare Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 11/07/97	Amount of Each Disb. this Period 275.34
E. Full Name, Mailing Address and Zip Code Wilma Goldstein 4203 S. 35th Street Arlington, VA 22206	Purpose of Disbursement salary Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 11/14/97	Amount of Each Disb. this Period 3,340.89
F. Full Name, Mailing Address and Zip Code Chris Singerling 7002 Quander Road Alexandria, VA 22307	Purpose of Disbursement salary Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 11/14/97	Amount of Each Disb. this Period 1,814.86
G. Full Name, Mailing Address and Zip Code MacNair Travel Management 1703 Duke Street Alexandria, VA 22314	Purpose of Disbursement fundr. exp. - airfare Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 11/14/97	Amount of Each Disb. this Period 383.00
H. Full Name, Mailing Address and Zip Code MacNair Travel Management 1703 Duke Street Alexandria, VA 22314	Purpose of Disbursement fundr. exp. - airfare Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 11/14/97	Amount of Each Disb. this Period 805.00
I. Full Name, Mailing Address and Zip Code MacNair Travel Management 1703 Duke Street Alexandria, VA 22314	Purpose of Disbursement fundr. exp. - airfare Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 11/14/97	Amount of Each Disb. this Period 523.00

SUB TOTAL of Disbursements this page (Optional).....>	8,388.58
TOTAL this Period (Last page this line number only).....>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	4
FOR LINE NUMBER 21B		

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	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Omni-Rosen Hotel 9840 International Drive Orlando, FL	fundr. exp. - lodging Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/14/97	151.20
First Union National Bank P.O. Box 44236 Jacksonville, FL 32231	payroll taxes Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/19/97	2,557.46
Virginia Dept. of Taxation P.O. Box 27264 Richmond, VA 23261	payroll taxes Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/19/97	360.54
Marfair Joint Venture 499 South Capitol St., SW, Suite 505 Washington, DC 20003	rent exp. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/25/97	2,025.00
Marfair Joint Venture 499 South Capitol St., SW, Suite 505 Washington, DC 20003	parking exp. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/25/97	250.00
Lucent Technologies P.O. Box 371358 Pittsburgh, PA 15286	telephone exp Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/25/97	201.18
Bell Atlantic/NYNEX Mobile P.O. Box 64268 Baltimore, MD 21264	cell phone charges Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/25/97	655.61
Bell Atlantic/NYNEX Mobile P.O. Box 64268 Baltimore, MD 21264	cell phone charges Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/25/97	159.93
Bell Atlantic/NYNEX Mobile P.O. Box 64268 Baltimore, MD 21264	cell phone charges Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/25/97	159.85
SUB TOTAL of Disbursements this page (Optional).....>			6,520.77
TOTAL this Period (Last page this line number only).....>			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Dancer PAC

A. 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	telephone answering services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/25/97	102.00
B. Full Name, Mailing Address and Zip Code Reliable Office Supply 135 South LaSalle Street Chicago, IL 60674-8001	office supplies Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/25/97	76.37
C. Full Name, Mailing Address and Zip Code Cort Furniture Rental 801 Hampton Park Blvd. Capitol Heights, MD 20743	furniture rental Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/25/97	214.62
D. Full Name, Mailing Address and Zip Code SkyTel P.O. Box 3887 Jackson, MS 39207	paging service Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/25/97	40.73
E. Full Name, Mailing Address and Zip Code AT&T P.O. Box 371302 Pittsburgh, PA 15250	telephone service Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/25/97	200.65
F. Full Name, Mailing Address and Zip Code First Union Commercial Card P.O. Box 44236 Jacksonville, FL 32231	credit card exps. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/26/97	2,037.57
G. Full Name, Mailing Address and Zip Code National Car Rental Des Moines Int'l Airport Des Moines, IA 50321	transportation Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/01/97	*286.32 *memo-payment made by credit card
H. Full Name, Mailing Address and Zip Code Office Depot 6700 B Richmond Highway Alexandria, VA 22306	office supplies Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/01/97	*244.09 *payment made by credit card
I. Full Name, Mailing Address and Zip Code Office Depot same as above	office supplies Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/08/97 11/10/97	*40.73 *28.18 *payment made by credit card

SUB TOTAL of Disbursements this page (Optional)..... > 2,671.94

TOTAL this Period (Last page this line number only)..... > 17,581.29

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
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
Signature Inn Columbus 6767 Schrock Hill Ct. Columbus, OH 43229	Lodging- fundr. exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/97 *memo-payment made by credit card	*79.30
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Collins Plaza Hotel 1200 Collins Rd. NE Cedar Rapids, IA 52402	Lodging-fundr.exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/97 *memo-payment made by credit card	* 382.99
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Westin Hotel. 2 Grasslawn Ave. Hilton Head Island, SC 29928	Lodging-Fundr. exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/97 *memo-payment made by credit card	*769.97
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>12-22-97</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMS</i> PREPARER	<i>12-22-97</i> DATE PREPARED