

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

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

FOR LINE NUMBER: PAGE 6 OF 22
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <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

A. Hellmann, Ralph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3310 Old Dominion Blvd

| | | |
|--------------------|-------------|-------------------|
| City Alexandria | State VA | Zip Code 22305 |
|--------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Lugar Hellmann Group | Occupation (for Individual) Consulting |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.0

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 06 | | 2016 |

Transaction ID : 1475761485442

Amount of Each Receipt this Period
625.0

Memo Item
 Credit Card

B. Perron, Jay, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1441 Constitution Ave NE

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

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) America's Health Insurance Plans | Occupation (for Individual) VP |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.0

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 06 | | 2016 |

Transaction ID : 1475761396401

Amount of Each Receipt this Period
250.0

Memo Item
 Credit Card

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 875.00 |
| TOTAL This Period (last page this line number only)..... | 875.00 |