

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
CENTRAL ROOM

FEB 20 2 22 PM '98

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>01/01/98</u> through <u>01/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 605,776.86
(b) Cash on Hand at Beginning of Reporting Period	\$ 605,776.86	
(c) Total Receipts (from line 19)	\$ 45,625.00	\$ 45,625.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 651,401.86	\$ 651,401.86
7. Total Disbursements (from Line 30)	\$ 41,456.63	\$ 41,456.63
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 609,945.23	\$ 609,945.23
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 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-719-3420
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: *2/20/98*

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

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: 01/01/98	TO: 01/31/98
	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).....	44,300.00	44,300.00
ii. Unitemized.....	1,325.00	1,325.00
iii. Total..... (add i and ii) >	45,625.00	45,625.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add all, b and c) >	45,625.00	45,625.00
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) >	45,625.00	45,625.00
20. Total Federal Receipts..... (subtract line 18 from line 19) >	45,625.00	45,625.00
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.....	40,639.80	40,639.80
c. Total Operating Expenditures..... (Add a, all, and b) >	40,639.80	40,639.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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. Individual/Persons Other Than Political Committees.....	816.83	816.83
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) >	816.83	816.83
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	41,456.63	41,456.63
31. Total Federal Disbursements..... (Subtract line 21 all from line 30) >	41,456.63	41,456.63
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) from line 11d.....	45,625.00	45,625.00
33. Total Contribution Refunds (from line 28d).....	816.83	816.83
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	44,808.17	44,808.17
35. Total Federal Operating Expenditures..... (add 21 ei and 21 bi) >	40,639.80	40,639.80
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	40,639.80	40,639.80

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
1 2
FOR LINE NUMBER
11 a 1

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Pioneer PAC

A. Full Name, Mailing Address and Zip Code Paul Ward 3384 Sunnybrook Ct. Columbus, OH 43221	Name of Employer Ward & Connolly	Date (Month day, Year) 01/08/98	Amount of Each Receipt this Period 1,000.00
	Occupation Insurance Sales	Aggregate Year-to-date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Gordon Zacks P.O. Box 129 Columbus, OH 43216	Name of Employer R.G. Barry Shoe Company	Date (Month day, Year) 01/13/98	Amount of Each Receipt this Period 5,000.00
	Occupation Chairman	Aggregate Year-to-date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Carol Sue Zacks 13405 Yarmouth Rd., NW Pickerington, OH 43147	Name of Employer housewife	Date (Month day, Year) 01/13/98	Amount of Each Receipt this Period 5,000.00
	Occupation (blank)	Aggregate Year-to-date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Robert Kidder 6 Edge of Woods New Albany, OH 43054	Name of Employer Borden Capital Management Partners	Date (Month day, Year) 01/23/98	Amount of Each Receipt this Period 5,000.00
	Occupation Chairman/CEO	Aggregate Year-to-date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Mary Kidder 6 Edge of Woods New Albany, OH 43054	Name of Employer (blank)	Date (Month day, Year) 01/23/98	Amount of Each Receipt this Period 5,000.00
	Occupation Housewife	Aggregate Year-to-date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Richard Johnson 200 N. Page St. Stoughton, WI 53589	Name of Employer Info requested	Date (Month day, Year) 01/23/98	Amount of Each Receipt this Period 1,000.00
	Occupation (blank)	Aggregate Year-to-date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code W. Guy Spriggs P.O. Box 1882 Asland, KY 41105	Name of Employer Eagle Distribution Co.	Date (Month day, Year) 01/29/98	Amount of Each Receipt this Period 5,000.00
	Occupation President/General Manager	Aggregate Year-to-date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....> **27,000.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code R. Scott Spriggs 12 Briarcliff Drive Huntington, WV 25704	Name of Employer Self employed	Date (Month day, Year) 01/29/98	Amount of Each Receipt this Period 4,000.00
	Occupation Beverage Distributor	Aggregate Year-to-date > \$ 4,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Michael Kiggin P.O. Box 20371 Columbus, OH 43220	Name of Employer info requested	Date (Month day, Year) 01/29/98	Amount of Each Receipt this Period 3,000.00
	Occupation	Aggregate Year-to-date > \$ 3,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code William McAfee 1481 Madur Place Monterey, CA 93940	Name of Employer self-employed	Date (Month day, Year) 01/29/98	Amount of Each Receipt this Period 300.00
	Occupation Doctor	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Robert Jeffrey 296 Ashbourne Place Columbus, OH 43209	Name of Employer The Jeffrey Company	Date (Month day, Year) 01/29/98	Amount of Each Receipt this Period 5,000.00
	Occupation Chairman	Aggregate Year-to-date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Anne Jeffrey 296 Ashbourne Pl. Columbus, OH 43209	Name of Employer	Date (Month day, Year) 01/29/98	Amount of Each Receipt this Period 5,000.00
	Occupation Homemaker	Aggregate Year-to-date > \$ 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	17,300.00
TOTAL this Period (Last page this line number only).....>	44,300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	3
FOR LINE NUMBER 21B		

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NAME OF COMMITTEE (in Full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code Williams & Jensen, P.C. 1155 21st Street, NW, Ste. 300 Washington, DC 20036	Purpose of Disbursement legal fees - payment of debt Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 01/08/98	Amount of Each Disb. this Period 16,664.11
B. Full Name, Mailing Address and Zip Code U.S. Postmaster 1100 Wythe St. Alexandria, VA 22314	Purpose of Disbursement postage exp. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 01/12/98	Amount of Each Disb. this Period 250.00
C. 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) 01/13/98	Amount of Each Disb. this Period 3,354.81
D. Full Name, Mailing Address and Zip Code Chris Singerting 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) 01/13/98	Amount of Each Disb. this Period 1,822.98
E. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 01/13/98	Amount of Each Disb. this Period 3,064.09
F. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 01/13/98	Amount of Each Disb. this Period 414.71
G. Full Name, Mailing Address and Zip Code Executive Office Club 1025 Connecticut Ave., Ste. 1012 Washington, DC 20036	Purpose of Disbursement answering service Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 01/14/98	Amount of Each Disb. this Period 204.00
H. Full Name, Mailing Address and Zip Code Direct Mail Systems, Inc. 12450 Automobile Blvd. Clearwater, FL 33762	Purpose of Disbursement consulting- mailer Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 01/14/98	Amount of Each Disb. this Period 2,500.00
I. Full Name, Mailing Address and Zip Code Bell Atlantic Mobile P.O. Box 64268 Baltimore, MD 21264	Purpose of Disbursement cell phone charges Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 01/14/98	Amount of Each Disb. this Period 836.43

SUB TOTAL of Disbursements this page (Optional).....> **29,111.13**

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

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
Tod Bowen 5466 Cedarbush Rd. Columbus, OH 43229	Dec. / Jan. consulting fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/14/98	3,500.00
Monterey Marriott Hotel 350 Calle Principal Monterey, CA 93940	fundraising exp. - lodging Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/15/98	1,049.40
MacNair Travel Management 1703 Duke Street Alexandria, VA 22314	fundraising exp. - airfare Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/15/98	2,142.00
Hyatt Grand Champion Resort 44600 Indian Wells Ln Indian Wells, CA 92210	fundraising exp. - lodging Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/15/98	622.73
Calcut Ltd. P.O. Box 159 Bakersfield, CA 93302	fundraising exp. - airfare Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/15/98	790.00
U.S. Postmaster 1100 Wythe St. Alexandria, VA 22314	postage exp. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/16/98	1,000.00
Camilla Powell 883 North Ohio Street Arlington, VA 22205	consulting fees and exps. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/20/98	460.00
Blue Cross Blue Shield 550 12th Street, SW Washington, DC 20065	insurance Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/21/98	272.00
Chris Singeling 7002 Quander Road Alexandria, VA 22307	salary Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/23/98	413.62

SUB TOTAL of Disbursements this page (Optional).....>	10,249.74
TOTAL this Period (Last page this line number only).....>	

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 charges Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 01/29/98	Amount of Each Disb. this Period 533.84
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	533.84
TOTAL this Period (Last page this line number only).....>	39,894.71

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code Jerome Rappaport Nine River Crest Court Stuart, FL 34996	Purpose of Disbursement refund portion of inkind Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 01/23/98	Amount of Each Disb. this Period 816.83
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	816.83
TOTAL this Period (Last page this line number only).....>	816.83

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 2/20/98
<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	
 J.A.C.	 2/20/98
PREPARER	DATE PREPARED