

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

JUN 20 2 27 PM '00

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Pioneer Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 499 South Capitol Street, SW Suite 2000A	
CITY, STATE and ZIP CODE Washington, DC 20003	2. FEC IDENTIFICATION NUMBER C00325357
	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEO 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

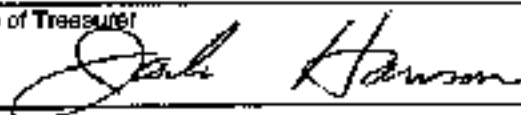
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>05/01/00</u> through <u>05/31/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 102,095.28
(b) Cash on Hand at Beginning of Reporting Period	\$ 87,318.43	
(c) Total Receipts (from Line 19)	\$ 13,854.91	\$ 88,427.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 101,173.34	\$ 186,523.25
7. Total Disbursements (from Line 30)	\$ 37,018.98	\$ 104,368.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 64,154.36	\$ 64,154.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-694-1100

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
Jack Harrison

Signature of Treasurer



Date
06/19/2000

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

FEC FORM 3X
(revised 6/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Pioneer Political Action Committee		REPORT COVERING PERIOD		
		FROM 05/01/00	TO: 05/31/00	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	11,250.00	28,000.00	11(a)(i)
ii.	Unitemized	0.00	2,923.06	11(a)(ii)
iii.	Total (add i and ii) >	11,250.00	30,923.06	11(a)(iii)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	2,500.00	34,000.00	11(c)
d.	Total Contributions (add a iii, b and c) >	13,750.00	64,923.06	11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13.	All Loans Received	0.00	0.00	13
14.	Loan Repayments Received	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	104.91	104.91	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	1,400.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	13,854.91	66,427.97	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	13,854.91	65,027.97	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	6,851.33	13,427.26	21(a)(i)
ii.	Non-Federal Share	2,283.77	6,465.27	21(a)(ii)
b.	Other Federal Operating Expenditures	2,270.53	39,146.48	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	11,405.63	59,040.01	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	25,513.35	45,328.88	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committee (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b.	Political Party Committees	0.00	0.00	28(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	0.00	0.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	37,018.98	104,368.89	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	34,735.21	97,902.62	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d)	13,750.00	64,923.06	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	13,750.00	64,923.06	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	9,121.86	52,973.74	35
36.	Offsets to Operating Expenditures (from line 15)	104.91	104.91	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	9,016.95	52,868.83	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11a

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. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Kuttler 6405 Tree Top Circle Columbia, MD 21045	Clark & Weinstock Occupation Managing Director	05/05/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Verrick French 3200 Leland Street Chevy Chase, MD 20815	French & Company Occupation President	05/10/00	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Humphrey 18 W. Mather Lane Cleveland, OH 44108	Self-employed Occupation Business Owner	05/22/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.H. McConnell 1205 Dearborn Dr. Columbus, OH 43085	Worthington Industries Occupation Chairman of the Board	05/22/00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis Slangen 550 Hampshire Road Akron, OH 44313	Invacare Corporation Occupation Executive	05/22/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim Callahan 10 Eagle Nest Drive Chagrin Falls, OH 44022	MGT Corporation Occupation Executive	05/22/00	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Blahoy 7325 Stump Hollow Lane Chagrin Falls, OH 44022	Invacare Corporation Occupation Executive	05/27/00	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,500.00		

SUBTOTAL of Receipts This Page (optional)

6,750.00

TOTAL This Period (Just page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)

Pioneer Political Action Committee

A. Full Name, Mailing Address and ZIP Code Nancy Corns 142 Pleasant Street Brookline, MA 02446 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Temporary Services Occupation Administrative Assistant Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 05/22/00	Amount of Each Receipt this Period 1,500.00
B. Full Name, Mailing Address and ZIP Code Andrea Corns Hill 20770 Sydeman Rd. Shaker Heights, OH 44122 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None Occupation Homemaker Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 05/22/00	Amount of Each Receipt this Period 1,500.00
C. Full Name, Mailing Address and ZIP Code Katherine Corns Walker 2519 Prospect Avenue Evanston, IL 60201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None Occupation Homemaker Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 05/22/00	Amount of Each Receipt this Period 1,500.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 4,500.00

TOTAL This Period (last page this line number only) 11,250.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

Planner Political Action Committee

A. Full Name, Mailing Address and ZIP Code NAM Committe to Preserve SS and Medicare 10 G Street N.E. Suite 600 Washington, DC 20002-4215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 05/10/00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code The Limited, Inc. PAC Three Limited Parkway Columbus, OH 43230 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 05/22/00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code ENGPAC 620 S. Grand Avenue Suite 700 Los Angeles, CA 90071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/31/00	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 2,500.00
TOTAL This Period (last page this line number only) 2,500.00

ALLOCATION RATIOS

NAME OF COMMITTEE
PIONEER PAC

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

- Methods of allocation:
- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
 - II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
 - III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
<i>DECEMBER 8/9, 7,000 NEW YORK CONFERENCE</i> ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	<i>75</i>	<i>25</i>
<i>CONSULTANT FUNDRAISING</i> ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	<i>75</i>	<i>25</i>
<i>ACCOUNTING SERVICES</i> ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	<i>75</i>	<i>25</i>
<i>LEGAL SERVICES</i> ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	<i>75</i>	<i>25</i>
<i>CONSULTANT COMPUTER SOFTWARE</i> ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	<i>75</i>	<i>25</i>
<i>ADMINISTRATIVE SUPPORT</i> ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	<i>75</i>	<i>25</i>
<i>OFFICE RENT</i> ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	<i>75</i>	<i>25</i>

NAME OF COMMITTEE

PIONEER PAC

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
VIVIAN BEAUMONT WHITE 1450 BROADWAY NY, NY 10018	CONFERENCE	12/08/2000 05/04/00	1200.00	900.00	300.00
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1200.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
PALACE THEATRE 1450 BROADWAY NY, NY 10018	CONFERENCE	12/09/2000 05/04/00	1600.00	1200.00	400.00
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2800.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
NEDERLAND GROUP SALER 1450 BROADWAY NY, NY 10018	CONFERENCE	12/08,09/2000 05/04/00	160.00	120.00	40.00
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2960.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
NANCY BOCKHOR 1212 NORTH VERNON ST ARLINGTON, VA 22201	FUNDRAISING CONSULTANT	05/04/00	2086.53	1504.15	521.38
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2086.53 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
QUINN LYNCH + LOBEL 1625 K STREET N.W WASHINGTON D.C. 20006	ACCOUNTING SERVICES	05/12/00	199.50	149.63	49.87
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 199.50 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
BAKER + HOSTETTER PO BOX 37515 WASHINGTON D.C. 20013	LEGAL SERVICES	05/22/00	1305.07	978.80	326.27
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1305.07 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			6550.10	4912.58	1637.52
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a.i and non-Fed. share to 21 a.ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

NAME OF COMMITTEE
PIONEER PAC

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>MIKE LYNN 14108 PARKVALE ST ROCKVILLE, MD 20853</i>	<i>CONSULTANT COMPUTER SOFTWARE</i>	<i>05/29/00</i>	<i>360.00</i>	<i>270.00</i>	<i>90.00</i>

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ *360.00* DIRECT CANDIDATE SUPPORT

B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>MONICA HANSON 3717 MONITOR PLACE OLNEY, MD 20837</i>	<i>ADMINISTRATIVE SUPPORT</i>	<i>05/29/00</i>	<i>1,725.00</i>	<i>1,293.75</i>	<i>431.25</i>

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ *1,725.00* DIRECT CANDIDATE SUPPORT

C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>KASIRI ZLOON 499 SOUTH CAPITAL ST SW SUITE 2000 WASHINGTON, D.C. 20003</i>	<i>OFFICE RENT</i>	<i>05/29/00</i>	<i>500.00</i>	<i>375.00</i>	<i>125.00</i>

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ *500.00* DIRECT CANDIDATE SUPPORT

D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ *0* DIRECT CANDIDATE SUPPORT

E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ *0* DIRECT CANDIDATE SUPPORT

F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ *0* DIRECT CANDIDATE SUPPORT

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE	<i>2,585.00</i>	<i>1,938.75</i>	<i>646.25</i>
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)	<i>9,135.10</i>	<i>6,851.33</i>	

TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 21 of the detailed summary page) *2,288.17*

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)

Pioneer Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capitol Network 2801 Sawtooth Oak Dr. Columbus, OH 43228	Consultant - Political Campaign Support Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/00	2,000.00
B. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Delivery Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/04/00	21.12
C. Full Name, Mailing Address and ZIP Code First Union Credit Card PO Box 864 Brunswick, GA 31521-0864	Purpose of Disbursement Office Supplies- Staples Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/04/00	59.38
D. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 646 Baltimore, MD 21265-0646	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/04/00	64.35
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 Disbursement 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 Disbursement 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 Disbursement 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 Disbursement 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 Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 2,144.85

TOTAL This Period (last page this line number only) 2,144.85

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SCM Associates Inc. P.O. Box 720 Jaffrey, NH 03452	E. Whitfield, KY 1st Cong. Dist. In-Kind Brochures Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/04/00	4,982.75
The Tarrance Group 201 N. Union Street Suite 410 Alexandria, VA 22314	B. Franks, NJ Senate In-Kind Voter Survey Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/08/00	6,000.00
Artistic Promotions 317 Buchanan Street Charleston, WV 25302	S. Moore, WV 2nd Cong. Dist. In-Kind Yard Signs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/12/00	2,650.00
ADCOLOR 820 Adcolor Drive Lexington, KY 40511	E. Fieldner, KY 6 Cong. Dist. In-Kind Yard Sign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/16/00	3,000.00
U.S. Postmaster 1420 Gardner Lane Louisville, KY 40213	A. Northup, KY 3rd Dist. In-Kind Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/22/00	5,000.00
Cherry Communications 227 N. Bronough Street #4100 Tallahassee, FL 32301	M. Roukema, NJ 5th Cong. Dist. In-Kind Phone Bank Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/28/00	5,000.00
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 Disbursement 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 Disbursement 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 Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

25,613.35

TOTAL This Period (last page this line number only)

25,613.35

**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>6-20-00</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>[Signature]</i>	<i>6-20-00</i>
PREPARER	DATE PREPARED