

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 5 11 43 AM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) THE SERVICEMASTER COMPANY P/A	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported ONE SERVICEMASTER WAY	2. FEC IDENTIFICATION NUMBER C 00331363
CITY, STATE and ZIP CODE DOWNERS GROVE, IL. 60515	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

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election 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>Jan. 1, 1999</u> through <u>June 30, 1999</u>			
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 4446.97
	(b) Cash on Hand at Beginning of Reporting Period	\$ 4446.97	
	(c) Total Receipts (from Line 10)	\$ 6832.26	\$ 6832.26
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(e) and 6(c) for Column B)	\$ 11279.23	\$ 11279.23
7.	Total Disbursements (from Line 30)	\$ 5262.29	\$ 5262.29
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6016.94	\$ 6016.94
9.	Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-894-1100
10.	Debits and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	

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

Claire E. Buchan

Signature of Treasurer

Claire E. Buchan

Date

7/30/99

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 8/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

[revised 1/1/91]

NAME OF COMMITTEE		REPORT COVERING PERIOD		
The ServiceMaster Co. PAC		FROM	TO	
		Jan. 1, 1999	June 30, 1999	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees		5555.00	5555.00	11(a)(1)
i. Itemized (use Schedule A)		1277.26	1277.26	11(a)(2)
ii. Unitemized		6832.26	6832.26	11(a)(3)
iii. Total (add i and ii) >				11(b)
b. Political Party Committees				11(c)
c. Other Political Committees (such as PACs)				11(d)
d. Total Contributions (add a ii, b and c) >		6832.26	6832.26	12
12. Transfers From Affiliated/Other Party Committees				13
13. All Loans Received				14
14. Loan Repayments Received				15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)				16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				17
17. Other Federal Receipts (Dividends, Interest, etc.)				18
18. Transfers from Nonfederal Account for Joint Activity				19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		6832.26	6832.26	20
20. Total Federal Receipts (subtract line 18 from line 19) >		6832.26	6832.26	
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				21(a)(1)
i. Federal Share		- 0 -		21(a)(2)
ii. Non-Federal Share		152.98	152.98	21(b)
b. Other Federal Operating Expenditures <i>Bank fees</i>		152.98	152.98	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >				22
22. Transfers to Affiliated/Other Party Committees		5000.00	5000.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees				24
24. Independent Expenditures (use Schedule E)				25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)				26
26. Loan Repayments Made				27
27. Loans Made				
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees <i>(100 itemized on Schedule A & B; 9-31 unitemized)</i>		109.31	109.31	28(a)
b. Political Party Committees				28(b)
c. Other Political Committees (such as PACs)				28(c)
d. Total Contribution Refunds (add a, b and c) >		109.31	109.31	28(d)
29. Other Disbursements				29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		5262.29	5262.29	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		5262.29	5262.29	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)		6832.26	6832.26	32
33. Total Contribution Refunds (from line 28d)		109.31	109.31	33
34. Net Contributions (other than loans)(subtract line 33 from 32)		6722.95	6722.95	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		152.98	152.98	35
36. Offsets to Operating Expenditures (from line 15)		- 0 -	- 0 -	36
37. Net Operating Expenditures (subtract line 36 from 35) >		152.98	152.98	37

SCHEDULE A

ITEMIZED RECEIPTS

(Contributions from Individuals)

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

PAGE 3 OF 5
FOR LINE NUMBER 11A1

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 committees.

NAME OF COMMITTEE (In Full)

The ServiceMaster Company PA

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vernon Squires 727 Ardley Rd. Winnetka, IL. 60093	The ServiceMaster Co.	Various Payroll Deductions	(\$208.33 per pay) \$2499.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Counsel	Aggregate Year-to-Date > \$ 2499.96	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman Goldenberg 3 Grove Isle #1504 Miami, FL. 35133	Terminix	Various Payroll Deductions	(\$100.00 per pay) \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rob Keith 708 Jeffery Court Wheaton, IL. 60187	The ServiceMaster Co. Mgmt. Services	Various Payroll Deductions	(\$75.00 per pay) \$900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President: Healthcare Svcs	Aggregate Year-to-Date > \$ 900.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Claire E. Buchall 1940 N. Orchard St. Chicago, IL. 60614	The ServiceMaster Co.	Various Payroll Deductions	(\$39.59 per pay) \$475.08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Communications	Aggregate Year-to-Date > \$ 475.08	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Esher Muftic 6097 Angel Lisle, IL. 60532	The ServiceMaster Co.	Various Payroll Deductions	(\$35.83 per pay) \$429.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 429.96	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Pollack 3833 Ambassador Lane Lisle, IL. 60532	ServiceMaster Co. Hond. Service Bus/Truck	Various Payroll Deductions	(\$25.00 per pay) \$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Permitted	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)
TOTAL This Period (last page this line number only) 5555.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

(Contributions to Federal Candidates)

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

PAGE 4 OF 5

FOR LINE NUMBER 23

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)

The ServiceMaster Company PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-elect Nancy Johnson P.O. BOX 1986 New Britain CT. 06050	Fundraiser ^{CT-6} Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/99	\$1,000.00
Tom Davis for Congress P.O. BOX 403 Dunn Loring, VA 22027	Fundraiser ^{VA-11} Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/99	\$500.00
Kay Granger Campaign Fund 6901 Hobson St., Suite 105-L Fort Worth, TX 76102	Fundraiser ^{TX-12} Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/12/99	\$500.00
Brogert for Congress P.O. BOX 637 Heredote, IL. 60522	Fundraiser ^{IL-13} Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/12/99	\$500.00
Volunteers for Shimkus P.O. BOX 5458 Springfield, IL. 62705-5458	Fundraiser ^{IL-20} Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/12/99	\$500.00
Jerry Weller for Congress 4451 Brookfield Corp. Drive #200 Charlottesville, VA 22011	Fundraiser ^{VA-11} Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/99	\$500.00
Friends of Roy Blunt P.O. BOX 278 Stanford, MO 65757	Fundraiser ^{MO-7} Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/99	\$500.00
George W. Bush Presidential Expl. Comm. 180 N. LaSalle, Ste. 1018 Chicago, IL. 60601	presidential campaign contributions - 2000 fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/99	\$1,000.00
L 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)

TOTAL This Period (last page this line number only)

\$5000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

(Refund of Individual Contribution)

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

PAGE 5 OF 5

FOR LINE NUMBER 28a

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NAME OF COMMITTEE (in Full)

The ServiceMaster Company P&E

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>John Pollack 3833 Ambassador Lane Lisle, IL 60532</i>	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Refund-contribution</i>	<i>6/99</i>	<i>\$100.00</i>
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 Disbursement 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 Disbursement 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 Disbursement 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 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)

TOTAL This Period (last page this line number only)

\$100.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/20/04
<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>JAM</i> PREPARER	8/5/04 DATE PREPARED