

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR PRINT TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
THE SERVICE MASTER COMPANY INC

ADDRESS (number and street) Check if different than previously reported
2300 WARRENVILLE RD.

CITY, STATE and ZIP CODE
DOWNERS GROVE, IL. 60515

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER
060498

3. 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>11/24/98</u> through <u>12/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>			\$ 7946.25
(b) Cash on Hand at Beginning of Reporting Period		\$ 2914.60	
(c) Total Receipts (from Line 19)		\$ 2157.37	\$ 29665.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 5071.97	\$ 37,611.57
7. Total Disbursements (from Line 20)		\$ 625.00	\$ 33164.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 4446.97	\$ 4446.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	For further information contact: 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-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. *ASR*

Type or Print Name of Treasurer
VERNON T. SYMONS

Signature of Treasurer
Vernon T. Symons

Date
1/29/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE

The ServiceMaster Company PAC

REPORT COVERING PERIOD

FROM *1/24/90* TO *12/31/90*

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)	1755.73	26628.89	11(a)(i)
ii.	Unitemized	401.64	1853.31	11(a)(ii)
iii.	Total (add i and ii) >	2157.37	28482.20	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a iii, b and c) >	2157.37	28482.20	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		1183.12	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2157.37	29665.32	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	2157.37	29665.32	20

II. Disbursements

21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	-0-	-0-	21(a)(i)
ii.	Non-Federal Share	-0-	1539.60	21(a)(ii)
b.	Other Federal Operating Expenditures	-0-	1539.60	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	-0-	1539.60	21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	500.00	29,000.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees <i>over paid payroll ded.</i>	125.00	125.00	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) >	125.00	125.00	28(d)
29.	Other Disbursements	-0-	2500.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	625.00	33164.60	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	625.00	33164.60	31

III. Net Contributions/Operating Expenditures

32.	Total Contributions (other than loans) (from line 11d)	2157.37	28,482.20	32
33.	Total Contribution Refunds (from line 28d)	125.00	125.00	33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	2032.37	28607.20	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	1539.20	35
36.	Offsets to Operating Expenditures (from line 15)	-0-	1183.12	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	356.48	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 112

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 Pte

A. 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 #1507 Miami, Florida. 35133 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Terminix Occupation: V.P. Aggregate Year-to-Date > \$ 1600.00	Various payroll deduct.	\$400.00 100 per period
Michael Cook 55 Catalpa Dr. Eads, TN. 38028 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TruGreen/Chamblaw Occupation: S.R. V.P. FINANCE Aggregate Year-to-Date > \$ 749.00	Various payroll deduct.	\$130.40 32.60 per pay period
Michael Parater 7 Hemlock Way E. Stroudberg, PA. 18301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TruGreen/Chamblaw Occupation: Branch Manager Aggregate Year-to-Date > \$ 222.24	Various payroll deduct.	\$174.08 18.52 per pay period
Vern Squires 727 Kodsley Rd. Winnetka, IL. 60093 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Servicemaster Co. Occupation: Gen Counsel Aggregate Year-to-Date > \$ 4999.92	Various payroll deduct.	\$624.99 208.33 per pay period
Rob Keith 703 Jeffery Ct. Wheaton, IL. 60187 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Servicemaster Co. Occupation: Mgmt. Services Aggregate Year-to-Date > \$ 1725.00	Various payroll deduct.	\$325.00 \$75.00 per pay period
Claire Buchan 1040 N Orchard St. Chicago, IL. 60614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Servicemaster Co. Occupation: V.P. Communications Aggregate Year-to-Date > \$ 750.16	Various payroll deduct.	\$118.77 39.59 per pay period
John Pollack 3033 Ambassador Lane Lake, IL 60532 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Servicemaster Co. Occupation: Mgmt. Services Aggregate Year-to-Date > \$ 610.00	Various payroll deduct.	\$75.00 \$25.00 per pay period

SUBTOTAL of Receipts This Page (optional) 1648.24

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

11a

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NAME OF COMMITTEE (in full)

The ServiceMaster Company (PAC)

A. Full Name, Mailing Address and ZIP Code <i>Bisher Nuff</i> <i>6097 Angel</i> <i>Hisle, IL - 60532</i>	Name of Employer <i>The ServiceMaster Co.</i> <i>Homept. Services</i> Occupation <i>Vice President</i> Aggregate Year-to-Date > \$ <i>752.43</i>	Date (month, day, year) <i>Various payroll deduction</i>	Amount of Each Receipt this Period <i>\$107.49</i> <i>\$35.83 per pay period</i>
B. 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
C. 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
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)	<i>107.49</i>
TOTAL This Period (last page this line number only)	<i>1755.73</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5

FOR LINE NUMBER 23

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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
<i>Friends of Rick Lugar P.O. Box 66952 Indianapolis, IN. 46205</i>	<i>Contributions</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12/8/98</i>	<i>\$500.00</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)


500.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/29/99
<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	
 PREPARER	2/1/99 DATE PREPARED