RECEIVED
FEC MAIL ROOM

2000 OCT 16 A 9:44

October 13, 2000

Public Records Office
Federal Election Commission
999 E. Street, N.W.
Washington D.C. 20463

RE: Spectrum Healthcare Services, Inc. Political Action Committee ("SHS PAC")

Dear Sir/Madame:

Enclosed is the quarterly report required for the third quarter of this calendar year.

If you should have any questions or need any further information, please call me at 314-919-9331.

Yours very truly,

Tracy Bartoli
PAC Secretary

Enclosure: 2000 3rd quarter report

12647 Olive Boulevard
P.O. Box 419052
Saint Louis, Missouri 63141-9052
314-919-8500
800-325-3982

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 16 A 9:44

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Spectrum Healthcare Services, Inc. Political Action Committee (SHSPAC)

ADDRESS (number and street) ☐ Check if different than previously reported
12647 Olive Blvd.

CITY, STATE and ZIP CODE
St. Louis, MO 63141

2. FEC IDENTIFICATION NUMBER
C00 327445

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

☐ 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 7/1/00 through 9/30/00		
6. (a) Cash on Hand January 1, 2000		$8,254.03
(b) Cash on Hand at Beginning of Reporting Period	$10,277.49	
(c) Total Receipts (from Line 19)	$2,065.05	$6,324.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$12,342.54	$14,578.11
7. Total Disbursements (from Line 30)	$705.13	$
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$11,637.41	$11,637.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0	
10. Debts and Obligations Owed BY 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

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
Melvin M. Mahoney

Signature of Treasurer
[signature]

Date
10/13/00

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 9/93)

FE7AN047

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

(revised 1/1/91)

NAME OF COMMITTEE Spectrum Healthcare Services, Inc. Political Action Committee (SHSPAC)

REPORT COVERING PERIOD FROM 7/1/00 TO: 9/30/00

	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)	1645	2945	11(a)(i)
ii. Unitemized	403	3331	11(a)(ii)
iii. Total (add i and ii) ➤	2048	6276	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) ➤	2048	6276	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.)	—	—	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	—	—	16
17. Other Federal Receipts (Dividends, Interest, etc.)	17.05	48.08	17
18. Transfers from Nonfederal Account for Joint Activity	—	—	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2065.05	6324.08	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2065.05	6324.08	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	—	—	21(a)(i)
ii. Non-Federal Share	—	—	21(a)(ii)
b. Other Federal Operating Expenditures	35.13	120.70	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	35.13	120.70	21(c)
22. Transfers to Affiliated/Other Party Committees	—	—	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	—	2000	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	—	—	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) ➤	—	—	28(d)
29. Other Disbursements	670	820	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	705.13	2940.70	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	705.13	2940.70	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2048	6276	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2048	6276	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	35.13	120.70	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	35.13	120.70	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 10

FOR LINE NUMBER 11(a)(i)

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)

Spectrum Healthcare Services Inc. Political Action Committee (SHS PAC)

A. Full Name, Mailing Address and ZIP Code Michael Pfeiffer 816 Henry Manor Ct. St. Louis, MO 63011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Correctional Medical Services, Inc. Occupation Ex VP & COO Aggregate Year-to-Date > $800.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $280.00 $40.00 bi-weekly
B. Full Name, Mailing Address and ZIP Code Julian Carr #5 Muirfield Lane St. Louis, MO 63141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Spectrum Healthcare Services Inc. Occupation Chairman Aggregate Year-to-Date > $600.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $210.00 $30.00 bi-weekly
C. Full Name, Mailing Address and ZIP Code Richard Miles 7314 Maryland University City, MO 63130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Correctional Medical Services, Inc. Occupation President & CEO Aggregate Year-to-Date > $400.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $140.00 $20.00 bi-weekly
D. Full Name, Mailing Address and ZIP Code Kathleen Amico 5217 McCausland St. Louis, MO 63109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Correctional Medical Services, Inc. Occupation Area VP Aggregate Year-to-Date > $500.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $175.00 $25.00 bi-weekly
E. Full Name, Mailing Address and ZIP Code James Tinney 6112 Twain Dr. New Market, MD 21774 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Correctional Medical Services, Inc. Occupation Vice President Aggregate Year-to-Date > $400.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $140.00 $20.00 bi-weekly
F. Full Name, Mailing Address and ZIP Code Julie Buehler 2452 Country Row Ct. Maryland Heights, MO 63043 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Correctional Medical Services, Inc. Occupation VP Clinical Prog. Aggregate Year-to-Date > $200.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $70.00 $10.00 bi-weekly
G. Full Name, Mailing Address and ZIP Code Larry Linton 201 Dawn's Way Trussville, AL 35173 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Correctional Medical Services, Inc. Occupation Regional Manager Aggregate Year-to-Date > $200.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $70.00 $10.00 bi-weekly

SUBTOTAL of Receipts This Page (optional) $1085.00

TOTAL This Period (last page this line number only) .....

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 6

FOR LINE NUMBER 11 (a) (c)

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NAME OF COMMITTEE (In Full)

Spectrum Healthcare Services, Inc. Political Action Committee ("SHSPAC")

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Joyce Brenk 5621 Waterman 3 St. Louis, MO 63112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Correctional Medical Services, Inc. Occupation: Director of Recruiting Aggregate Year-to-Date > $ 200.00	Payroll Deduction	$ 70.00 $ 10.00 bi-weekly
B. Full Name, Mailing Address and ZIP Code Richard Carter 451 Winding Oaks Ct. Ballwin, MO 63017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Correctional Medical Services, Inc. Occupation: Area VP Aggregate Year-to-Date > $ 200.00	Payroll Deduction	$ 70.00 $ 10.00 bi-weekly
C. Full Name, Mailing Address and ZIP Code Robert Hooper 10 Corporate Circle, Suite 101 New Castle, DE 19720 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Spectrum Behavioral Services, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 200.00	Payroll Deduction	$ 70.00 $ 10.00 bi-weekly
D. Full Name, Mailing Address and ZIP Code Ruth E. Kim 49 Park Place St. Peters, MO 63376 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Correctional Medical Services, Inc. Occupation: General Counsel + VP Aggregate Year-to-Date > $ 200.00	Payroll Deduction	$ 70.00 $ 10.00 bi-weekly
E. Full Name, Mailing Address and ZIP Code Mel Mahoney 17401 Country Lake Estate Ridge Chesterfield, MO 63005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Spectrum Healthcare Services, Inc. Occupation: Treasurer + VP Acq. Aggregate Year-to-Date > $ 200.00	Payroll Deduction	$ 70.00 $ 10.00 bi-weekly
F. Full Name, Mailing Address and ZIP Code James W. Moore 851 Whispering Meadow Dr. Manchester, MO 63021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Spectrum Healthcare Services, Inc. Occupation: CFO Aggregate Year-to-Date > $ 200.00	Payroll Deduction	$ 70.00 $ 10.00 bi-weekly
G. Full Name, Mailing Address and ZIP Code Cathy Vivirito 12647 Olive Blvd St. Louis, MO 63141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Spectrum Healthcare Resources, Inc. Occupation: Ex. Vice President Aggregate Year-to-Date > $ 200.00	Payroll Deduction	$ 70.00 $ 10.00 bi-weekly

SUBTOTAL of Receipts This Page (optional)	$ 490.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 10

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Spectrum Healthcare Services, Inc. Political Action Committee ("SHSPAC")

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Susan Buckley 14331 Cypress Hill Dr. Chesterfield, MO 63017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Correctional Medical Services, Inc. Occupation: Area VP Aggregate Year-to-Date > $ 200.00	Payroll Deduction	$70.00 $10.00 bi-weekly
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$70.00
TOTAL This Period (last page this line number only)	$1645.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 6

FOR LINE NUMBER 29

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)

Spectrum Healthcare Services, Inc. Political Action Committee (SHSPAC)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Committee to Elect Janet Owens 1272 Indian Landing Rd. Millersville, MD 21108	Bull Roast Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/7/00	$90.00
B. Committee to Elect Janet Owens 1272 Indian Landing Rd. Millersville, MD 21108	Bull Roast Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/7/00	$30.00
C. Building Better Communities 7202 Longbranch Dr. New Carrollton, MD 20784	Picnic Fundraiser Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/7/00	$50.00
D. Committee to Elect George F. Johnson, IV 361 Kentucky Ave. Pasadena, MD 21122	Fundraiser Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/7/00	$150.00
E. Citizens For Dutch Ruppersberger 20 East Padonia Rd, Ste. 402 Timonium, MD 21093	Fundraiser Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/7/00	$150.00
F. The Committee to Elect James M. Harkins 25 West Courtland St. Bel Air, MD 21014	BBQ - Fundraiser Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/7/00	$100.00
G. Citizens For H. Frank Bigger P.O. Box 409 Westbrookville, NY 12785	Fundraiser Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/8/00	$100.00
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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) $670.00

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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.

☑	Hand Delivered	10-16-00 Date of Receipt
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked and/or Date of Receipt
☐	Electronic Filing	

JH
(PREPARER

10-16-00
DATE PREPARED

(6/2000)