SPECTRUM
HEALTHCARE SERVICES

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 30 10 10 AM '98

June 29, 1998

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 first quarter of this calendar year. Since this is a relatively new PAC, we are still learning all of the reporting requirements. I was not aware that a report was required on a quarterly basis this year. You will note that we did not make any donations to federal candidates during the first quarter. In fact, we have never made a donation to a federal candidate.

I understand that the Commission, at its discretion, may assess penalties for a late filing. I would like to stress that the omission was inadvertent and no federal donations were made during the quarter. If the commission elects to assess penalties or would like to discuss this matter at more length, please call me at 314-919-9331.

Yours very truly,

Tracy Bartoli

Tracy Bartoli
PAC Secretary

Enclosures.

13647 Olive Boulevard
P.O. Box 419052
Saint Louis, Missouri 63141-9052
314-919-8600
800-325-3982

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 30 10 10 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

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

2. FEC IDENTIFICATION NUMBER
C00327445

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 January 1, 1998 through March 31, 1998		
6. (a) Cash on Hand January 1, 1998		$1722.12
(b) Cash on Hand at Beginning of Reporting Period	$1,722.12	
(c) Total Receipts (from Line 19)	$1,940.07	$1,940.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$3,662.19	$3,662.19
7. Total Disbursements (from Line 30)	$1,280.03	$1,280.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$2,382.16	$2,382.16
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 H. Mahoney

Signature of Treasurer
Melvin H. Mahoney

Date 6/29/98

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

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 ("SHS PAC")

REPORT COVERING PERIOD FROM TO:

	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)	$240.00	$240.00	11(a)(i)
ii. Unitemized	$1,694	$1,694.00	11(a)(ii)
iii. Total (add i and ii) ➤	$1,934	$1,934	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	$1,934	$1,934	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	$6.07	$6.07	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$1,940.07	$1,940.07	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$1,940.07	$1,940.07	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	0	21(a)(ii)
b. Other Federal Operating Expenditures	$30.03	$30.03	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	$30.03	$30.03	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:	0	0	
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees	00	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	$1,250	$1,250	29
30. Total Disbursements (add 21c, 22, 23, 24, 26, 26, 27, 28d, and 29) ➤	$1,280.03	$1,280.03	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$1,280.03	$1,280.03	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$1,934	$1,934	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$1,934	$1,934	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	$30.03	$30.03	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	$30.03	$30.03	37

FE7AH047

SCHEDULE A **ITEMIZED RECEIPTS**

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

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael G. Pfeiffer 816 Henry Manor Ct. St. Louis, MO 63011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Correctional Medical Services, INC. (CMS) Occupation: Executive Vice President Aggregate Year-to-Date > $240.00	Payroll Deduction	$240.00 ($40.00 bi-weekly
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) $240.00

TOTAL This Period (last page this line number only) $240.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Disbursements

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

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 ("SHS PAC")

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Polanco 232 North Lake Ave Suite 120 Pasadena, CA 91101	Non-Federal Contribution	2/25/98	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Dick Kirland P.O. BOx 10267 Reno, NV 89510-0267	Non-Federal Contribution	3/31/98	$300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Frank Drew P.O. BOx 6119 Virgina Beach, VA 23456	Non-Federal Contribution	3/31/98	$250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $1,050.00

TOTAL This Period (last page this line number only) $1,050.00

SA4006

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	Date of Receipt 6-30-98
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
SH		6-30-98
PREPARER		DATE PREPARED

(4/98)