



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Harborside Healthcare Corporation PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2007"/>		5,533.72
(b) Cash on Hand at Beginning of Reporting Period.....	6,573.91	
(c) Total Receipts (from Line 19) .....	14,152.84	18,213.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	20,726.75	23,746.75
7. Total Disbursements (from Line 31).....		3,020.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	20,726.75	20,726.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

28039823305

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Harborside Healthcare Corporation PAC**

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2007 To: MM / DD / YYYY 12 / 31 / 2007

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11,923.02	14,129.02
(ii) Unitemized .....	2,229.00	4,067.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	14,152.02	18,296.86
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.82	16.17
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	14,152.84	18,213.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14,152.84	18,213.03

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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3,000.00
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....	0.00	20.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	3,020.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	3,020.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14,152.02	18,196.86
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14,152.02	18,196.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

28039823308

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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)  
**Harborside Healthcare Corporation PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Centa, Bernard**

Mailing Address  
**150 Countryside Drive**

City **Medina** State **OH** Zip Code **44256**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**247.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**247.00**

PR DEDUCTION (\$19 bi-weekly)

**B.** Full Name (Last, First, Middle Initial)  
**Cleary, E. Kevin**

Mailing Address  
**54 Templeton Street**

City **West Haven** State **CT** Zip Code **06516**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**650.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**325.00**

PR DEDUCTION (\$25 bi-weekly)

**C.** Full Name (Last, First, Middle Initial)  
**Cushing, Gail**

Mailing Address  
**204 Fish Hatchery Road**

City **Winchester** State **NH** Zip Code **03470**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Director of Nursing**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**520.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**260.00**

PR DEDUCTION (\$20 bi-weekly)

SUBTOTAL of Receipts This Page (optional)..... **832.00**

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

2803982309

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Harborside Healthcare Corporation PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Damian, Martin**

Mailing Address  
**109 Patten Road**

City **Tewksbury** State **MA** Zip Code **01876**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Director of Fin. Operations**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**650.00**

PR DEDUCTION (\$50 bi-weekly)

**B.** Full Name (Last, First, Middle Initial)  
**Garst, Joseph**

Mailing Address  
**109 Circle Spring Drive**

City **Glasgow** State **KY** Zip Code **42141**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**350.00**

PR DEDUCTION (\$35 bi-weekly)

**C.** Full Name (Last, First, Middle Initial)  
**Higley, Heather**

Mailing Address  
**373 Mehlenbacher Road**

City **Largo** State **FL** Zip Code **33770**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Director of Marketing**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**260.00**

PR DEDUCTION (\$20 bi-weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **1,260.00**

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

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 15	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**Harborside Healthcare Corporation PAC**

**A. Hornberger, Genice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **3485 Nashville Road**  
 City: **Troy** State: **OH** Zip Code: **45373**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Harborside Healthcare** Occupation: **Clinical Reim. Manager**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **429.00**

Date of Receipt: **12 / 31 / 2007**  
 Amount of Each Receipt this Period: **429.00**  
 PR DEDUCTION (\$33 bi-weekly)

**B. Iannessa, Richard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **208 South Bradford Street**  
 City: **North Andover** State: **MA** Zip Code: **01845**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Harborside Healthcare** Occupation: **Sr. VP Fin. Operations**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **1,236.36**

Date of Receipt: **12 / 31 / 2007**  
 Amount of Each Receipt this Period: **960.36**  
 PR DEDUCTION (\$69/\$76.92 bi-weekly)

**C. Karacoloff, Linda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **17 Tennyson Common**  
 City: **Slingerlands** State: **NY** Zip Code: **12159**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Harborside Healthcare** Occupation: **Dir. Rehab. Operations**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **440.00**

Date of Receipt: **12 / 31 / 2007**  
 Amount of Each Receipt this Period: **440.00**  
 PR DEDUCTION (\$40 bi-weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **1,829.36**  
**TOTAL** This Period (last page this line number only).....

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Harborside Healthcare Corporation PAC**

Full Name (Last, First, Middle Initial)

**A. Lark, James**

Mailing Address

**6342 Hidden Creek Drive**

City

**Lorain**

State

**OH**

Zip Code

**44053**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Harborside Healthcare**

Occupation

**LNHA**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**650.00**

Date of Receipt

**12 / 31 / 2007**

Amount of Each Receipt this Period

**325.00**

**PR DEDUCTION (\$25 bi-weekly)**

Full Name (Last, First, Middle Initial)

**B. McConnell, Mary**

Mailing Address

**2919 Scott Road**

City

**Swanton**

State

**OH**

Zip Code

**43558**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Harborside Healthcare**

Occupation

**Administrator**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**283.66**

Date of Receipt

**12 / 31 / 2007**

Amount of Each Receipt this Period

**283.66**

**PR DEDUCTION (\$21.82 bi-weekly)**

Full Name (Last, First, Middle Initial)

**C. Merola, Andrea**

Mailing Address

**19 Buttonwood Circle**

City

**Wallingford**

State

**CT**

Zip Code

**06492**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Harborside Healthcare**

Occupation

**Director of Nursing**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**12 / 31 / 2007**

Amount of Each Receipt this Period

**130.00**

**PR DEDUCTION (\$10 bi-weekly)**

**SUBTOTAL of Receipts This Page (optional)..... ▶**

**738.66**

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

**738.66**

28039823312

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 15  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Harborside Healthcare Corporation PAC**

**A. Full Name (Last, First, Middle Initial)**  
**Mulford, Kevin**

Mailing Address  
**7911 Chadwick Drive**

City **New Port Richey** State **FL** Zip Code **34654**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Reg. Dir. of Bus. Serv.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**195.00**

PR DEDUCTION (\$15 bi-weekly)

**B. Full Name (Last, First, Middle Initial)**  
**O'Connell, Kevin**

Mailing Address  
**12218 Admirals Landing Boulevard**

City **Indianapolis** State **IN** Zip Code **46236**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Regional VP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**650.00**

PR DEDUCTION (\$50 bi-weekly)

**C. Full Name (Last, First, Middle Initial)**  
**Perry, Malcolm**

Mailing Address  
**52 Faith Drive**

City **Derry** State **NH** Zip Code **03038**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**140.00**

PR DEDUCTION (\$10 bi-weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **985.00**

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

28039823313

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harborside Healthcare Corporation PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Rodowicz, Curtis**

Mailing Address  
**6 2nd Avenue**

City **Old Saybrook** State **CT** Zip Code **06475**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Administrator**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**300.00**

PR DEDUCTION (\$30 bi-weekly)

**B.** Full Name (Last, First, Middle Initial)  
**Sampson, Paul**

Mailing Address  
**67 Pine Street**

City **Danvers** State **MA** Zip Code **01923**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Dir. of Allied Services**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2,210.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**2,210.00**

PR DEDUCTION (\$170 bi-weekly)

**C.** Full Name (Last, First, Middle Initial)  
**Scafati, Joanne**

Mailing Address  
**55 Knollwood Road**

City **North Haven** State **CT** Zip Code **06473**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Administrator**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**520.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**260.00**

PR DEDUCTION (\$20 bi-weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ **2,770.00**

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

28039823314

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 2 OF 15  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Harborside Healthcare Corporation PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Schultz, Timothy**

Mailing Address  
**4442 Leston Avenue**

City **Dayton** State **OH** Zip Code **45424**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**250.00**

PR DEDUCTION (\$25 bi-weekly)

**B.** Full Name (Last, First, Middle Initial)  
**Silvia, Frank**

Mailing Address  
**74 Bow Street**

City **Woburn** State **MA** Zip Code **01801**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Director of Operations**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**120.00**

PR DEDUCTION (\$10 bi-weekly)

**C.** Full Name (Last, First, Middle Initial)  
**Smith-Leary, Lynette**

Mailing Address  
**6916 Licia Drive**

City **Burlington** State **KY** Zip Code **41005**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harborside Healthcare** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**270.00**

Date of Receipt  
**12 / 31 / 2007**

Amount of Each Receipt this Period  
**75.00**

PR DEDUCTION (\$15 bi-weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **445.00**

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

2803982315

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 15	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**Harborside Healthcare Corporation PAC**

Full Name (Last, First, Middle Initial) <b>A. Stevenson, Sean</b>		Date of Receipt <b>12 / 31 / 2007</b>
Mailing Address <b>49 Essex Road</b>		Amount of Each Receipt this Period <b>1,364.00</b>
City <b>Bedford</b>	State Zip Code <b>NH 03110</b>	
FEC ID number of contributing federal political committee. <b>C</b>		PR DEDUCTION (\$125/ \$38 bi-weekly)
Name of Employer <b>Harborside Healthcare</b>	Occupation <b>Reg. VP Operations</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1,364.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Talamona, Raymond</b>		Date of Receipt <b>12 / 31 / 2007</b>
Mailing Address <b>5 Windy Knoll Drive</b>		Amount of Each Receipt this Period <b>456.00</b>
City <b>Berlin</b>	State Zip Code <b>CT 06037</b>	
FEC ID number of contributing federal political committee. <b>C</b>		PR DEDUCTION (\$57 bi-weekly)
Name of Employer <b>Harborside Healthcare</b>	Occupation <b>Regional VP</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>456.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Warren, Sharon</b>		Date of Receipt <b>12 / 31 / 2007</b>
Mailing Address <b>1336 Friedman Lane</b>		Amount of Each Receipt this Period <b>585.00</b>
City <b>Paducah</b>	State Zip Code <b>KY 42001</b>	
FEC ID number of contributing federal political committee. <b>C</b>		PR DEDUCTION (\$45 bi-weekly)
Name of Employer <b>Harborside Healthcare</b>	Occupation <b>Director of Operations</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>585.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>2,405.00</b>
TOTAL This Period (last page this line number only).....▶	

28039823316

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 OF 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)

Harborside Healthcare Corporation PAC

Full Name (Last, First, Middle Initial)

A. **Wetzel, Elizabeth**

Mailing Address

3029 River Woods Drive

City

Parrish

State

FL

Zip Code

34219

FEC ID number of contributing federal political committee.

C

Name of Employer

Harborside Healthcare

Occupation

Director of Training

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2007

Amount of Each Receipt this Period

130.00

PR DEDUCTION (\$10 bi-weekly)

Full Name (Last, First, Middle Initial)

B. **Williams, Karen**

Mailing Address

3719 East 57th Street

City

Cleveland

State

OH

Zip Code

44105

FEC ID number of contributing federal political committee.

C

Name of Employer

Harborside Healthcare

Occupation

Assistant Administrator

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

12 / 31 / 2007

Amount of Each Receipt this Period

528.00

PR DEDUCTION (\$48 bi-weekly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

658.00

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

11,923.02

28039823317

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 15  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Harborside Healthcare Corporation PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) JP Morgan Chase Bank</p>		<p>Date of Receipt</p> <p>12 / 31 / 2007</p>
<p>Mailing Address P O Box 260180</p>		<p>Amount of Each Receipt this Period</p> <p>0.82</p>
<p>City Baton Rouge</p>	<p>State LA</p> <p>Zip Code 70826</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Aggregate Year-to-Date ▼</p> <p>16.17</p>
<p>Name of Employer</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p><b>B.</b> Full Name (Last, First, Middle Initial)</p>		<p>Date of Receipt</p>
<p>Mailing Address</p>		<p>Amount of Each Receipt this Period</p>
<p>City</p>	<p>State</p> <p>Zip Code</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Aggregate Year-to-Date ▼</p>
<p>Name of Employer</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p><b>C.</b> Full Name (Last, First, Middle Initial)</p>		<p>Date of Receipt</p>
<p>Mailing Address</p>		<p>Amount of Each Receipt this Period</p>
<p>City</p>	<p>State</p> <p>Zip Code</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Aggregate Year-to-Date ▼</p>
<p>Name of Employer</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>		<p>0.82</p>
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>		<p>0.82</p>

28039823318

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

28039823519

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 8/27/08
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Jms*  
 PREPARER

9/2/08  
 DATE PREPARED