

**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:

01 / 01 / 2007

To:

06 / 30 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007		5,533.72
(b) Cash on Hand at Beginning of Reporting Period.....	5,533.72	
(c) Total Receipts (from Line 19)	4,060.19	4,060.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9,593.91	9,593.91
7. Total Disbursements (from Line 31).....	3,020.00	3,020.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6,573.91	6,573.91
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

28039823322

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:

01 / 01 / 2007

To:

06 / 30 / 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).....

2,206.00

2,206.00

(ii) Unitemized.....

1,838.84

1,838.84

(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).....▶

4,044.84

4,044.84

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.).....

15.35

15.35

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)).....▶

4,060.19

4,060.19

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

4,060.19

4,060.19

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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	20.00	20.00
(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.....	3,000.00	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		
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))..	3,020.00	3,020.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,020.00	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)	4,044.84	4,044.84
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4,044.84	4,044.84
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)		

28039823325

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

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

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Cleary, T. 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 ▼
325.00

Date of Receipt
06 / 30 / 2007

Amount of Each Receipt this Period
325.00
PR DEDUCTION (\$25 bi-weekly)

Full Name (Last, First, Middle Initial)
B. 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 ▼
260.00

Date of Receipt
06 / 30 / 2007

Amount of Each Receipt this Period
260.00
PR DEDUCTION (\$20 bi-weekly)

Full Name (Last, First, Middle Initial)
C. 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 ▼
260.00

Date of Receipt
06 / 30 / 2007

Amount of Each Receipt this Period
260.00
PR DEDUCTION (\$20 bi-weekly)

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

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

845.00

28039823326

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

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

FOR LINE NUMBER: PAGE 7 OF 11

(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. Iannessa, Richard

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 ▼

276.00

Date of Receipt

06 / 30 / 2007

Amount of Each Receipt this Period

276.00

PR DEDUCTION (\$69 bi-weekly)

Full Name (Last, First, Middle Initial)

B. 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 ▼

325.00

Date of Receipt

06 / 30 / 2007

Amount of Each Receipt this Period

325.00

PR DEDUCTION (\$25 bi-weekly)

Full Name (Last, First, Middle Initial)

C. Lynch, Gail

Mailing Address

56 Arlington Street

City

Marshfield

State

MA

Zip Code

02050

FEC ID number of contributing federal political committee.

C

Name of Employer

Harborside Healthcare

Occupation

Dir. of Loss Prevention

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2007

Amount of Each Receipt this Period

260.00

PR DEDUCTION (\$20 bi-weekly)

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

861.00

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

861.00

28039823327

**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 11	
	<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)
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 ▼
260.00

Date of Receipt
06 / 30 / 2007

Amount of Each Receipt this Period
260.00

PR DEDUCTION (\$20 bi-weekly)

B. Full Name (Last, First, Middle Initial)
Shiverick, Bradley

Mailing Address
18 Shelby Road

City **Reading** State **MA** Zip Code **01867**

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

Name of Employer **Harborside Healthcare** Occupation **VP Quality Assurance**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
06 / 30 / 2007

Amount of Each Receipt this Period
240.00

PR DEDUCTION (\$20 bi-weekly)

C. Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	2,206.00

28039823328

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 11

(check only one)

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

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NAME OF COMMITTEE (In Full)

Harborside Healthcare Corporation PAC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase Bank

Mailing Address

P O Box 260180

City

Baton Rouge

State

LA

Zip Code

70826

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

15.35

Date of Receipt

06 / 30 / 2007

Amount of Each Receipt this Period

15.35

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

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

15.35

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

15.35

28039823329

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 10 OF 11				
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Harborside Healthcare Corporation PAC

A. Full Name (Last, First, Middle Initial)
Stabenow for U.S. Senate

Date of Disbursement: 02 / 01 / 2007

Mailing Address: P. O. Box 4945

City: East Lansing State: MI Zip Code: 48826

Purpose of Disbursement: Contribution

Candidate Name: Debbie Stabenow

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District: 00

Amount of Each Disbursement this Period: 1,000.00

B. Full Name (Last, First, Middle Initial)
Friends of Jim Clyburn

Date of Disbursement: 03 / 02 / 2007

Mailing Address: 499 S. Capitol Street, Suite 412

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: Contribution

Candidate Name: Jim Clyburn

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: SC District: 06

Amount of Each Disbursement this Period: 1,000.00

C. Full Name (Last, First, Middle Initial)
Friends of Roy Blunt

Date of Disbursement: 03 / 02 / 2007

Mailing Address: 298 Pennsylvania Avenue, SE

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: Contribution

Candidate Name: Roy Blunt

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District: 07

Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional).....▶ 3,000.00

TOTAL This Period (last page this line number only).....▶ 3,000.00

28039823330

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE // OF //

21b
 22
 23
 24
 25
 26
 27
 28a
 28b
 28c
 29
 30b

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. J P Morgan Chase

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2007

Mailing Address

City State Zip Code
Boston MA 02108

Purpose of Disbursement

Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

20.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

20.00

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

20.00

28039823331

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
8/27/08

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jms
PREPARER

9/2/08
DATE PREPARED

28039823332

