

RECEIVED
FEC MAIL
OPERATIONS CENTER

One Beacon Street
Boston, Massachusetts 02108

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Facsimile 617-646-5454
www.harborsidehealthcare.com

2005 MAR 28 A 11: 33



March 18, 2005

Federal Election Commission
999 E Street N.W.
Washington, D.C. 20463
Attn: Elizabeth Boody

Re: Correspondence dated March 9, 2005 Identification number C00350074
Year end report (12/31/03) quarterly reports (periods ended: 3/31/04, 6/30/04 and
9/30/04)

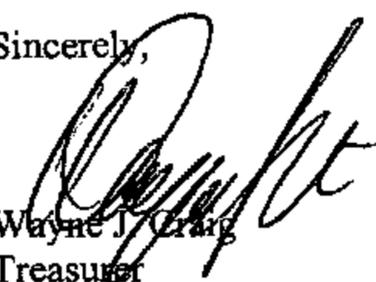
Dear Ms. Boody:

In response to your request dated March 9, 2005, enclosed please find Schedules B reflecting detailed disbursements for all of the reports identified above. Unfortunately, we were unaware that we were required to collect all of the data requested on schedule B when the checks were issued and as such, we do not have some of the information requested on the schedule.

Please be advised that we have established a new procedure to gather and save the information required to complete Schedule B effective immediately and this problem will not occur in the future.

If you require any additional information relative to the above, please contact the undersigned at (617) 646-5646.

Sincerely,



Wayne J. Craig
Treasurer

Harborside Healthcare Corporation PAC

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

March 9, 2005

Wayne Craig, Treasurer
Harborside Healthcare Corporation PAC
One Beacon Street
Boston, MA 02108

**Response Due Date:
April 8, 2005**

Identification Number: C00350074

Reference: October Quarterly Report (7/1/04-9/30/04)

Dear Mr. Craig:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** An itemization of the information needed follows:

-Please provide a Schedule B to support the entry reported on Line 23 of the Detailed Summary Page. Each contribution made to a federal candidate or committee must be itemized on Schedule B regardless of the amount contributed. 11 CFR §104.3(b)(3)(v)

-For future reporting, please be advised that only contributions to federal candidates and political committees should be itemized on a separate Schedule B supporting Line 23 of the Detailed Summary Page. Contributions to non-federal candidates and committees should be itemized on Schedule B supporting Line 29.

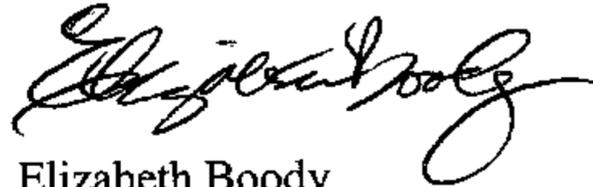
Unlike previous election cycles, you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee.

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Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1686.

Sincerely,



Elizabeth Boody
Campaign Finance Analyst
Reports Analysis Division

912204

**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 1 OF 3
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 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. Johnson for Congress		Date of Disbursement MM / DD / YYYY 07 / 15 / 2004
Mailing Address		Amount of Each Disbursement this Period 5,000.00
City	State Zip Code	
Purpose of Disbursement Campaign Contribution	0 1 1 Category/Type	Candidate Name
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Wilson for Congress		Date of Disbursement MM / DD / YYYY 07 / 28 / 2004
Mailing Address		Amount of Each Disbursement this Period 5,000.00
City	State Zip Code	
Purpose of Disbursement Campaign Contribution	0 1 1 Category/Type	Candidate Name
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Democratic National Convention		Date of Disbursement MM / DD / YYYY 08 / 24 / 2004
Mailing Address		Amount of Each Disbursement this Period 3,000.00
City	State Zip Code	
Purpose of Disbursement Donation	0 1 2 Category/Type	Candidate Name
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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9/30/04

**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 2 OF 3
	<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 checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
Harborside Healthcare Corporation

A. Committee to Elect Bill Harris

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
11 / 02 / 2004

Amount of Each Disbursement this Period
50000

Category/Type
011

B. Citizens for Gardner

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 07 / 2004

Amount of Each Disbursement this Period
50000

Category/Type
011

C. Jacobson for State Senate

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 07 / 2004

Amount of Each Disbursement this Period
50000

Category/Type
011

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

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

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9/30/04

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 3 OF 3

<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 checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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. Eric Cantor for Contress

Date of Disbursement

09 / 15 / 2004

Mailing Address

City State Zip Code

Purpose of Disbursement

Campaign Contribution

0, 1, 1

Amount of Each Disbursement this Period

50000

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Richard Burr Committee

Date of Disbursement

09 / 28 / 2004

Mailing Address

City State Zip Code

Purpose of Disbursement

Campaign Contribution

0, 1, 1

Amount of Each Disbursement this Period

50000

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

 / /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

 / /

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).....▶

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

650000

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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.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 3/24/05
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<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
<i>SW</i>	3/28/05
PREPARER	DATE PREPARED