23038170544

FEC MAIL OPERATIONS CENTER

2003 AUG -1 A 11: 22

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

HARBORSIDE HEALTHCARE CORPORATION PAC

ADDRESS (number and street) ▼

ONE BEACON STREET

☐ Check if different than previous reported. (ACC)

U.1. FLOOR

BOSTON MA 02108-

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00.356.074

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☒ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on ☐ / ☐ / ☐ in the State of ☐

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ☐ / ☐ / ☐ in the State of ☐

5. Covering Period 07 / 01 / 2003 through 07 / 31 / 2003

*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: Dorie Craig

Signature of Treasurer: [signature] Date 07 / 31 / 2003

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

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

FEC FORM 3X (Rev. 02/2003)

FE3AV.037

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# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)



Write or Type Committee Name
Harborside Healthcare Corporation PAC

Report Covering the Period: From: 07 01 2003 To: 06 30 2003

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 2003 | | 1110520 |
| (b) Cash on Hand at Beginning of Reporting Period | 1110520 | |
| (c) Total Receipts (from Line 19) | 519627 | 519627 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1630147 | 1630147 |
| 7. Total Disbursements (from Line 31) | 100000 | 100000 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1530147 | 1530147 |
| 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 nullicandidate 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

23038170546

# DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
Harborside Healthcare Corporation PAC

Report Covering the Period: From: 01 01 2003 To: 06 30 2003

| 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) | 505675 | |
| (ii) Unitemized | 13952 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ▶ | 519627 | 519627 |
| (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) ▶ | | |
| 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.) | | |
| 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)) ▶ | 519627 | 519627 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶ | | |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)



| 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 | 100000 | 100000 |
| 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 H5) | | |
| (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)) | 100000 | 100000 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶ | 100000 | 100000 |

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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 1 OF 5

☐ 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

**A.**
Full Name (Last, First, Middle Initial): Beagle, Karen
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Administrator
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 10766
Date of Receipt: 06 30 2003
Amount of Each Receipt this Period: 769

**B.**
Full Name (Last, First, Middle Initial): Almeida, Andrew
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: VP of Compliance
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 19500
Date of Receipt: 06 30 2003
Amount of Each Receipt this Period: 1500

**C.**
Full Name (Last, First, Middle Initial): Foley, David
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: VP of Aquisitions
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 24999
Date of Receipt: 06 30 2003
Amount of Each Receipt this Period: 1923

SUBTOTAL of Receipts This Page (optional) ▶ 4192

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

23038170549

**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) 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): Stabler, Stacy (N/K/A Thomas, Stacy)
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [X] Other (specify): Payroll deduction
Aggregate Year-to-Date: 269.22
Date of Receipt: 06 30 2003
Amount of Each Receipt this Period: 19.23

**B.**
Full Name (Last, First, Middle Initial): Gaida, John
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: SVP & CIO
Receipt For: [ ] Primary [ ] General [X] Other (specify): Payroll deduction
Aggregate Year-to-Date: 249.99
Date of Receipt: 06 30 2003
Amount of Each Receipt this Period: 19.23

**C.**
Full Name (Last, First, Middle Initial): Haggerty, Robert
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: SVP of Human Resources
Receipt For: [ ] Primary [ ] General [X] Other (specify): Payroll deduction
Aggregate Year-to-Date: 249.99
Date of Receipt: 06 30 2003
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 48.46

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 3 OF 5

☐ 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): Judance, George
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: VP of Reimbursement
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 130.00
Date of Receipt: 06 30 2003
Amount of Each Receipt this Period: 10.00

**B.**
Full Name (Last, First, Middle Initial): Murphy, Francis
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: VP & Controller
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 130.00
Date of Receipt: 06 30 2003
Amount of Each Receipt this Period: 10.00

**C.**
Full Name (Last, First, Middle Initial): Shiverick, Bradley
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: VP of Quality Assurance
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 999.77
Date of Receipt: 06 30 2003
Amount of Each Receipt this Period: 7.69

SUBTOTAL of Receipts This Page (optional) ▶ 27.69

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

# 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) ☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

PAGE 4 OF 5

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

**A.**
Full Name (Last, First, Middle Initial): Talamona, Raymond
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Regional VP
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction
Aggregate Year-to-Date ▼: 9997
Date of Receipt: 06 / 30 / 2003
Amount of Each Receipt this Period: 769

**B.**
Full Name (Last, First, Middle Initial): Beardsley, Bruce
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: SVP of Acquisitions
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction
Aggregate Year-to-Date ▼: 49998
Date of Receipt: 06 / 30 / 2003
Amount of Each Receipt this Period: 3846

**C.**
Full Name (Last, First, Middle Initial): Guillard, Stephen L.
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Chairman & CEO
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction
Aggregate Year-to-Date ▼: 22750.0
Date of Receipt: 06 / 30 / 2003
Amount of Each Receipt this Period: 17500

SUBTOTAL of Receipts This Page (optional) ▶ 22115

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

23038170552

# 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 5 OF 5
☐ 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): Stephen, William H.
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: SVP & CFO
Receipt For: ☐ Primary ☐ General ☒ Other (specify) Payroll deduction
Aggregate Year-to-Date: 49998
Date of Receipt: 07 / 30 / 2003
Amount of Each Receipt this Period: 3846

**B.**
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:

**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) ▶ 3846

TOTAL This Period (last page this line number only) ▶ 505675

23038170553

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 8/1/03 |
| ☐ | First Class Mail | POSTMARKED |
| ☐ | Registered/Certified Mail | POSTMARKED (R/C) |
| ☐ | No Postmark | |
| ☐ | Postmark Ilegible | |
| ☐ | 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 | |

PREPARER

8/1/03
DATE PREPARED

(6/2000)