# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 OCT 21 A 9:01

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

SUITE 1010

BOSTON MA 02108-

☐ Check if different than previously reported. (ACC)

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00350074

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 01 / 01 / 2005 through 06 / 30 / 2005

*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 Wayne Craig

Signature of Treasurer [signature] Date 10 / 14 / 2005

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)

FE3AN037

# 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: 01 / 01 / 2005 To: 06 / 30 / 2005

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 2005 | | 1293444 |
| (b) Cash on Hand at Beginning of Reporting Period | 1293444 | |
| (c) Total Receipts (from Line 19) | 1119952 | 1119952 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 2413396 | 2413396 |
| 7. Total Disbursements (from Line 31) | 1942500 | 1942500 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 470896 | 470896 |
| 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

# DETAILED SUMMARY PAGE
of Receipts



Write or Type Committee Name

Harborside Healthcare Corporation PAC

Report Covering the Period: From: 01 / 01 / 2005 To: 06 / 30 / 2005

| 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) | 111830 | |
| (ii) Unitemized | 1648 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ▶ | 111952 | 111952 |
| (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)) ▶ | 111952 | 111952 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶ | | |

# 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)) ▶ | 1,942,500 | 1,942,500 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | |
| 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)) | 1,942,500 | 1,942,500 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶ | 1,942,500 | 1,942,500 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)



| 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) | | |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 33 from Line 32) | | |
| 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 36 from Line 35) ▶ | | |

# 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 | OF

[X] 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)
Almedda, Andrew
Mailing Address
One Beacon St., Suite 1100
City | State | Zip Code
Boston, MA 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Admin Svc
Occupation: VP Compliance
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 52000
Date of Receipt: 06/30/2005
Amount of Each Receipt this Period: 52000

**B.** Full Name (Last, First, Middle Initial)
Anderson, Camille
Mailing Address
One Beacon St., Suite 1100
City | State | Zip Code
Bosotn, MA 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Admin Svc
Occupation: Office Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 13000
Date of Receipt: 06/30/2005
Amount of Each Receipt this Period: 13000

**C.** Full Name (Last, First, Middle Initial)
Beardsley, Bruce
Mailing Address
One Beacon St., Suite 1100
City | State | Zip Code
Boston, MA 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Admin Svc
Occupation: Sr VP Acquisitions
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 49998
Date of Receipt: 06/30/2005
Amount of Each Receipt this Period: 49998

SUBTOTAL of Receipts This Page (optional) ▶

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) PAGE 2 OF 17

[X] 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)

Cleary, Kevin

Mailing Address

225 Amity Road

City | State | Zip Code

Woodbridge, CT 06525

FEC ID number of contributing federal political committee: C00350074

Name of Employer: Harborside CT LP

Occupation: Administrator

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 26000

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period: 26000

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

Doyle, Stephen

Mailing Address

6 Morrill Place

City | State | Zip Code

Amesbury, MA 01913

FEC ID number of contributing federal political committee: C00350074

Name of Employer: Harborside Mass LP

Occupation: Administrator

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 19500

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period: 19500

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C00350074

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) ▶

**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) PAGE 3 OF 17

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

Harborside HeââthcareCorporation PAC

**A.** Full Name (Last, First, Middle Initial)
Coppola, Susan

Mailing Address
One Beacon St., Suite 1100

City | State | Zip Code
Boston, MA 02108

FEC ID number of contributing federal political committee.
C00350074

Name of Employer
Harborside Admin Svc

Occupation
Sr VP Clinical ØP's

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼
19500

Date of Receipt
06 / 30 / 2005

Amount of Each Receipt this Period
19500

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

Mailing Address
One Beacon St., Suite 1100

City | State | Zip Code
Boston, MA 02108

FEC ID number of contributing federal political committee.
C00350074

Name of Employer
Harborside Adm Svc

Occupation
Mgr Operatio Quality

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼
32800

Date of Receipt
06 / 30 / 2005

Amount of Each Receipt this Period
32500

**C.** Full Name (Last, First, Middle Initial)
Dawes, Natalie

Mailing Address
One Beacon St., Suite 1100

City | State | Zip Code
Boston, MA 02108

FEC ID number of contributing federal political committee.
C00350074

Name of Employer
Harborside Admin Svc

Occupation
Admin Assistant

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼
6500

Date of Receipt
06 / 30 / 2005

Amount of Each Receipt this Period
6500

SUBTOTAL of Receipts This Page (optional) ▶

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: PAGE 4 OF 17
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Harborside Healthcare Corp PAC

**A.** Full Name (Last, First, Middle Initial)
Dell'Anno, Damian
Mailing Address
One Beacon St., Suite 1100
City | State | Zip Code
Boston, MA 02108
FEC ID number of contributing federal political committee. C00350074
Name of Employer: Harborside Admin Svc
Occupation: President/COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 104000
Date of Receipt: 06 / 30 / 2005
Amount of Each Receipt this Period: 1040.00

**B.** Full Name (Last, First, Middle Initial)
Fairbrother, Janelle
Mailing Address
One Beacon St., Suite 1100
City | State | Zip Code
Boston, MA 02108
FEC ID number of contributing federal political committee. C00350074
Name of Employer: Harborside Admin Svc
Occupation: VP of HR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 130.00
Date of Receipt: 06 / 30 / 2005
Amount of Each Receipt this Period: 130.00

**C.** Full Name (Last, First, Middle Initial)
Foley, David
Mailing Address
One Beacon St., Suite 1100
City | State | Zip Code
Boston, MA 02108
FEC ID number of contributing federal political committee. C00350074
Name of Employer: Harborside Admin Svc
Occupation: VP Acquisitions
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 24999
Date of Receipt: 06 / 30 / 2005
Amount of Each Receipt this Period: 24999

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

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

FEC FORM 3X

# 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 7

[X] 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)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C00350074

Name of Employer | Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**B.**

Full Name (Last, First, Middle Initial)
Guillard, Stephen

Mailing Address
One Beacon St. Suite 1100

City State Zip Code
Boston, MA 02108

FEC ID number of contributing federal political committee. C00350074

Name of Employer
Harborside Admin Svc

Occupation
CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt
06 / 30 / 2005

Amount of Each Receipt this Period
2100.00

**C.**

Full Name (Last, First, Middle Initial)
Gwyn, Susan

Mailing Address
One Beacon St., Suite 1100

City State Zip Code
Boston, MA 02108

FEC ID number of contributing federal political committee. C00350074

Name of Employer
Harborside Admin Svc

Occupation
Sr VP Ancillary

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼
32500

Date of Receipt
06 / 30 / 2005

Amount of Each Receipt this Period
32500

SUBTOTAL of Receipts This Page (optional) ▶

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) PAGE 6 OF 17

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

Harborside Healthcare Corporatoin PAC

**A.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C 0 0 3 5 0 0 7 4

Name of Employer: Harborside Adm Srvc

Occupation: Reg Marketing Director

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: / /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial): Goodpaster, Bruce

Mailing Address: 4700 Harford Rd

City: Baltimore, MD 21214 State Zip Code

FEC ID number of contributing federal political committee. C 0 0 3 5 0 0 7 4

Name of Employer: Harborside Baltimore LP

Occupation: Administrator

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 1 9 5 0 0

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period: 1 95 0 0

**C.** Full Name (Last, First, Middle Initial): Gamenthaler, Faith

Mailing Address: 2900 12th St., North

City: Naples, FL 34103 State Zip Code

FEC ID number of contributing federal political committee. C 0 0 3 5 9 9 5 4

Name of Employer: 2900 12th St., North LLC

Occupation: Nurse

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 1 0 0 0

Date of Receipt: / 0 6 / 2 0 0 5

Amount of Each Receipt this Period: 1 0 0 0

SUBTOTAL of Receipts This Page (optional) ▶

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) PAGE 1 OF 1

[X] 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)

Lynch, Gail

Mailing Address

One Beacon St., Suite 1100

City | State | Zip Code

Boston, MA 02108

FEC ID number of contributing federal political committee.

C 0 0 3 5 0 0 7 4

Name of Employer

Harborside Admin Svc

Occupation

Dir of Loss Prevention

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼

26000

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period

26000

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

Montima, Yves

Mailing Address

One Beacon St., Suite 1100

City | State | Zip Code

Boston, MA 02108

FEC ID number of contributing federal political committee.

C 0 0 3 5 0 0 7 4

Name of Employer

Harborside Admin Svc

Occupation

Accountant

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼

15002

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period

15002

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

Murphy, Francis

Mailing Address

One Beacon Street, Suite 1100

City | State | Zip Code

Boston, MA 02108

FEC ID number of contributing federal political committee.

C 0 0 3 5 0 0 7 4

Name of Employer

Harborside Admin Svc

Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼

13000

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period

13000

SUBTOTAL of Receipts This Page (optional) ▶

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) PAGE 8 OF 17

[X] 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)

Haggerty, Robert

Mailing Address

One Beacon Street Suite 1100

City | State | Zip Code

Boston, MA 02108

FEC ID number of contributing federal political committee. C00350074

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period: 1 9 5 0 0

Name of Employer: Harborside Admin Svc

Occupation: Sr VP H.R.

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 1 9 5 0 0

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

Judware, George'

Mailing Address

One BeaconsStreet, Suite 1100

City | State | Zip Code

Boston, MA 02108

FEC ID number of contributing federal political committee. C00350074

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period: 1 3 0 0 0

Name of Employer: Harborside,Adm Svc

Occupation:

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 1 3 0 0 0

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C00350074

Date of Receipt: / /

Amount of Each Receipt this Period:

Name of Employer:

Occupation:

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼:

SUBTOTAL of Receipts This Page (optional) ▶

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) PAGE 9 OF 17

[X] 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)
Maggard, Billy
Mailing Address
2900 12 St North
City | State | Zip Code
Naples, FL 34103
FEC ID number of contributing federal political committee. C00350074
Name of Employer: 2900 22 St North LLC
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 13000
Date of Receipt: 06 / 30 / 2005
Amount of Each Receipt this Period: 13000

**B.** Full Name (Last, First, Middle Initial)
Merrin, Peter
Mailing Address
1104 Wesley Avenue
City | State | Zip Code
FEC ID number of contributing federal political committee. C00350074
Name of Employer: Harborside Ohio LP
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 9000
Date of Receipt: 06 / 30 / 2005
Amount of Each Receipt this Period: 9000

**C.** Full Name (Last, First, Middle Initial)
Middleton, Susan
Mailing Address
8 Snow Rd
City | State | Zip Code
Winchester, NU 03470
FEC ID number of contributing federal political committee. C00350074
Name of Employer: Harborside NH LP
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 6500
Date of Receipt: 06 / 30 / 2005
Amount of Each Receipt this Period: 6500

SUBTOTAL of Receipts This Page (optional) ▶

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) PAGE 10 OF 17

[X] 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)
O'Connell, Kevin

Mailing Address
One Beacon Street, Suite 1100

City | State | Zip Code
Boston, MA 02108

FEC ID number of contributing federal political committee: C00350074

Name of Employer: Harborsdie Admin Svc

Occupation: Regional VP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period: 32500

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C00350074

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)
Ryan, John

Mailing Address
One Beacon St., Suite 1100

City | State | Zip Code
Boston, MA 02108

FEC ID number of contributing federal political committee: C00350074

Name of Employer: Harborsdie Admin Svc

Occupation: VP Acquastions

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 19500

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period: 19500

SUBTOTAL of Receipts This Page (optional) ▶

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) PAGE 11 OF 17

[X] 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)

Mailing Address

City | State | Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee: C00350074

Name of Employer | Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 13000

**B.**

Full Name (Last, First, Middle Initial): Roth, Linda

Mailing Address: 323 Forest Avenue

City: Dayton, OH 45405 | State | Zip Code

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period: 2600.

FEC ID number of contributing federal political committee: C00350074

Name of Employer: Harborside Dayton LP | Occupation: Administrator

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 26000

**C.**

Full Name (Last, First, Middle Initial): Rumple, Karen

Mailing Address: One Beacon St., S1100

City: Boston, MA 02108 | State | Zip Code

Date of Receipt: 06 / 30 / 005

Amount of Each Receipt this Period: 2307

FEC ID number of contributing federal political committee: C00350074

Name of Employer: Harborside Admin Service | Occupation: Administrator

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2307

SUBTOTAL of Receipts This Page (optional) ▶

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: PAGE 12 OF 17
(check only one)

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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NAME OF COMMITTEE (In Full)

Harborside Healthcare Corporatoin PAC

**A.** Full Name (Last, First, Middle Initial)
Spinelli, Stephen

Mailing Address
One Beacon St., Suite 1100

City | State | Zip Code
Boston, MA 02108

FEC ID number of contributing federal political committee.
C 0 0 3 5 0 0 7 4

Name of Employer
Harborside Admin Svc

Occupation
Dir of Education

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼
6500

Date of Receipt
06 / 30 / 2005

Amount of Each Receipt this Period
6500

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

Mailing Address
One Beacon St., Suite 1100

City | State | Zip Code
Boston, MA 02108

FEC ID number of contributing federal political committee.
C 0 0 3 5 0 0 7 4

Name of Employer
Harborside Admin Svc

Occupation
VP Quality

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼
32500

Date of Receipt
06 / 30 / 2005

Amount of Each Receipt this Period
32500

**C.** Full Name (Last, First, Middle Initial)
Stephan, William

Mailing Address
One Beacon Street, Suite 1100

City | State | Zip Code
Boston, MA 02108

FEC ID number of contributing federal political committee.
C 0 0 3 5 0 0 7 4

Name of Employer
Harborside Adm Svc

Occupation
C.F.O.

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼
49998

Date of Receipt
06 / 30 / 2005

Amount of Each Receipt this Period
49998

SUBTOTAL of Receipts This Page (optional) ▶

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) PAGE 13 OF 17

[X] 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)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C 0 0 3 5 0 0 7 4

Name of Employer

Occupation
Regional HR Director

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**B.**

Full Name (Last, First, Middle Initial)
Slobin, Barbara

Mailing Address
34 Wildwood Avenue

City State Zip Code
Madison, CT 06443

FEC ID number of contributing federal political committee. C 0 0 3 5 0 0 7 4

Name of Employer
Harborside Ct LP

Occupation
Director of Nursing

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
6500

Date of Receipt
06/30/2005

Amount of Each Receipt this Period
6500

**C.**

Full Name (Last, First, Middle Initial)
Spriggs, Michelle

Mailing Address
30 Colby Court

City State Zip Code
Bedford, NH 03110

FEC ID number of contributing federal political committee. C 0 0 3 5 0 0 7 4

Name of Employer
Harborside NH LP

Occupation
Director of Nursing

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
13000

Date of Receipt
06/30/2005

Amount of Each Receipt this Period
13000

SUBTOTAL of Receipts This Page (optional) ▶

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) PAGE 14 OF 17

[X] 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)
Stevenson, Sean
Mailing Address
One Beacon Street, Suite 1100
City | State | Zip Code
Boston, MA 02108
FEC ID number of contributing federal political committee. C00350074
Name of Employer: Harborside AdmlSvc
Occupation: Regional VP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 13000
Date of Receipt: 06 / 30 / 2005
Amount of Each Receipt this Period: 13000

**B.** Full Name (Last, First, Middle Initial)
Talamona, Raymond
Mailing Address
One Beacon Street, Suite 1100
City | State | Zip Code
Boston, MA 02108
FEC ID number of contributing federal political committee. C00350074
Name of Employer: Harborside Adm Srv
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 52000
Date of Receipt: 06 / 30 / 2005
Amount of Each Receipt this Period: 52000

**C.** Full Name (Last, First, Middle Initial)
Terry, David
Mailing Address
One Beacon Street, Suite 1100
City | State | Zip Code
Boston, MA 02108
FEC ID number of contributing federal political committee. C00350074
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 52000
Date of Receipt: 06 / 30 / 2005
Amount of Each Receipt this Period: 52000

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

**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) PAGE 15 OF 17

[X] 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)

Torres, Maria

Mailing Address

One Beacon Street, Suite 1100

City | State | Zip Code

Boston, MA 02108

FEC ID number of contributing federal political committee.

C00350074

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period: 1000

Name of Employer: Harborside Admin Svc

Occupation: Payroll Supervisor

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 1000

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee.

C00350074

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation: Accounting Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼

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

White, Linda

Mailing Address

One Beacon Street, Suite 1100

City | State | Zip Code

Boston, MA 02108

FEC ID number of contributing federal political committee.

C00350074

Date of Receipt: 06 / 30 / 2005

Amount of Each Receipt this Period: 2600

Name of Employer: Harborside Adm Svc

Occupation: Director of MIS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 2600

SUBTOTAL of Receipts This Page (optional) ▶

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) — PAGE 1 OF 1

[X] 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)
Politz, Samuel
Mailing Address
34921 US Highway 19 N Suite 415
City | State | Zip Code
Palm Harbor, FL 34684
FEC ID number of contributing federal political committee. C00350074
Name of Employer: FL Adm Services
Occupation: RVP Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 6500
Date of Receipt: 06 / 30 / 2005
Amount of Each Receipt this Period: 6500

**B.** Full Name (Last, First, Middle Initial)
Ruoto, Pasquale
Mailing Address
~~225 Amity Road~~
City | State | Zip Code
Woodbridge, CT 06525
FEC ID number of contributing federal political committee. C00350074
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4500
Date of Receipt: 06 / 30 / 2005
Amount of Each Receipt this Period: 4500

**C.** Full Name (Last, First, Middle Initial)
Wetmore, Elizabeth
Mailing Address
850 Mix Avenue
City | State | Zip Code
Hamden, CT 06514
FEC ID number of contributing federal political committee. C00350074
Name of Employer: Harborside CT LP
Occupation: Dir of Admissions
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3000
Date of Receipt: 06 / 30 / 2005
Amount of Each Receipt this Period: 3000

SUBTOTAL of Receipts This Page (optional) ▶

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) PAGE 1 OF 1

[X] 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)
Stewart, Joann
Mailing Address
34 Wildwood Avenue
City | State | Zip Code
Madison, CT 06443
FEC ID number of contributing federal political committee: C00350074
Date of Receipt: 06/30/2005
Amount of Each Receipt this Period: 13000
Name of Employer: Harborside CT LP
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 13000

**B.** Full Name (Last, First, Middle Initial)
Theroux, Robert
Mailing Address
161 Falmouth Rd.
City | State | Zip Code
Mashpee, MA 02649
FEC ID number of contributing federal political committee: C00350074
Date of Receipt: 06/30/2005
Amount of Each Receipt this Period: 6500
Name of Employer: Mashpee, MA 02649
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:

**C.** Full Name (Last, First, Middle Initial)
Schmid, Valerie
Mailing Address
One Beacon Street, S1100
City | State | Zip Code
Boston, MA 02108
FEC ID number of contributing federal political committee: C00350074
Date of Receipt: 06/30/2008
Amount of Each Receipt this Period: 13000
Name of Employer:
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 13000

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 111834

# 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)

| | | | | | | |
|---|---|---|---|---|---|---|
| ☐ 21b | ☐ 22 | ☒ 23 | ☐ 24 | ☐ 25 | ☐ 26 | |
| ☐ 27 | ☐ 28a | ☐ 28b | ☐ 28c | ☐ 29 | ☐ 30b | |



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NAME OF COMMITTEE (In Full)

Harborside Healthcare Corporation PAC

**A.**

Full Name (Last, First, Middle Initial)

Bill Thomas Campaign Committee

Mailing Address

City: Contribution | State | Zip Code

Purpose of Disbursement

Bill Thomas

Candidate Name

Category/ Type: 0.1.1

Date of Disbursement: 01 / 21 / 2005

Amount of Each Disbursement this Period: 2000.00

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

**B.**

Full Name (Last, First, Middle Initial)

Snowe for Senate

Mailing Address

404 Russell Senate Office Bldg.

City: Washington, DC | State | Zip Code 20510

Purpose of Disbursement

Olympia Snowe

Candidate Name

Contribution

Category/ Type: 0.1.1

Date of Disbursement: 04 / 06 / 2005

Amount of Each Disbursement this Period: 1500.00

Office Sought: ☐ House ☒ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

**C.**

Full Name (Last, First, Middle Initial)

Keep Our Majority PAC

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type: 0.1.1

Date of Disbursement: 04 / 06 / 2005

Amount of Each Disbursement this Period: 500000

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

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

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

# 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)

| | | | | | |
|---|---|---|---|---|---|
| ☐ 21b | ☐ 22 | ☒ 23 | ☐ 24 | ☐ 25 | ☐ 26 |
| ☐ 27 | ☐ 28a | ☐ 28b | ☐ 28c | ☐ 29 | ☐ 30b |



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NAME OF COMMITTEE (In Full)

Harborside Healthcare Corporation PAC

**A.**

Full Name (Last, First, Middle Initial)

Santorum 2006

Mailing Address

c/o Magdo El-Tobgui

City State Zip Code

1203 Portner Rd

Alexandria, VA 22314

Purpose of Disbursement

Candidate Name

Category/ Type: 011

Date of Disbursement: 05 / 18 / 2005

Amount of Each Disbursement this Period: 150000

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

**B.**

Full Name (Last, First, Middle Initial)

Kentucky House Democratic Caucus

Mailing Address

Louisville, KY 40223

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type: 011

Date of Disbursement: 06 / 02 / 2005

Amount of Each Disbursement this Period: 250000

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

**C.**

Full Name (Last, First, Middle Initial)

People For English

Mailing Address

PO Box 1940

City State Zip Code

Erie, PA 16507

Purpose of Disbursement

Candidate Name

Category/ Type: 011

Date of Disbursement: 06 / 21 / 2005

Amount of Each Disbursement this Period: 25000

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

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

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

# 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)

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | 21b | ☐ | 22 | ☒ | 23 | ☐ | 24 | ☐ | 25 | ☐ | 26 |
| ☐ | 27 | ☐ | 28a | ☐ | 28b | ☐ | 28c | ☐ | 29 | ☐ | 30b |



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NAME OF COMMITTEE (In Full)

Harborside Healthcare Corporation PAC

**A.**

Full Name (Last, First, Middle Initial)
Hatch Election Committee

Mailing Address
405 S Main Street, Suite 71

City | State | Zip Code
Salt Lake City, UT | 84111

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type: 011

Office Sought: ☐ House ☐ Senate ☐ President — State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 19 / 2005

Amount of Each Disbursement this Period: 100000

**B.**

Full Name (Last, First, Middle Initial)
Committee to Elect Bill Harris

Mailing Address
James Hess, Treasurer

City | State | Zip Code
1238 Township Rd. 1506 Ashland, OH 44805

Purpose of Disbursement

Candidate Name
Bill Harris

Category/ Type: 011

Office Sought: ☐ House ☐ Senate ☐ President — State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 18 / 2005

Amount of Each Disbursement this Period: 100000

**C.**

Full Name (Last, First, Middle Initial)
Cantor for Congress

Mailing Address
PO Box 21027

City | State | Zip Code
Washington, DC | 20006

Purpose of Disbursement
Contribution

Candidate Name
Cantor

Category/ Type: 011

Office Sought: ☐ House ☐ Senate ☐ President — State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 18 / 2005

Amount of Each Disbursement this Period: 50000

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

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

# 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)
21b | 22 | X 23 | 24 | 25 | 26
27 | 28a | 28b | 28c | 29 | 30b



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NAME OF COMMITTEE (In Full)

Harborside Healthcare Corporation PAC

**A.**

Full Name (Last, First, Middle Initial)
Friends of Kent Conrad

Mailing Address
530 Hart Senate Office Building

City | State | Zip Code
Washington, DC 20500

Purpose of Disbursement
Contribution

Candidate Name
Kent Conrad

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Category/ Type: D.1.1

Date of Disbursement: 04 / 06 / 2005

Amount of Each Disbursement this Period: 200000

**B.**

Full Name (Last, First, Middle Initial)
Johnson for Congress

Mailing Address
PO Box 1986

City | State | Zip Code
New Britain, CT 06050-1986

Purpose of Disbursement
Contribution

Candidate Name
Nancy Johnson

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Category/ Type: D.1.1

Date of Disbursement: 04 / 05 / 2005

Amount of Each Disbursement this Period: 100000

**C.**

Full Name (Last, First, Middle Initial)
John Kyl for US Senate

Mailing Address
730 Hart Senate Office Building

City | State | Zip Code
Washington, DC 20510

Purpose of Disbursement
Contribution

Candidate Name
John Kyl

Office Sought: House / X Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Category/ Type: D.1.1

Date of Disbursement: 04 / 19 / 2005

Amount of Each Disbursement this Period: 80000

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

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

# 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)

| | | | | | |
|---|---|---|---|---|---|
| ☐ 21b | ☐ 22 | ☒ 23 | ☐ 24 | ☐ 25 | ☐ 26 |
| ☐ 27 | ☐ 28a | ☐ 28b | ☐ 28c | ☐ 29 | ☐ 30b |



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NAME OF COMMITTEE (In Full)

Harborside Healthcare Corporation PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends of Gordan Smith

Mailing Address

818 Connecticut Ave., NW Suite 1100

City | State | Zip Code

Washington, DC 20006

Purpose of Disbursement

Contribution

Candidate Name

Gordan Smith

Category/ Type: 21A

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 21 / 2005

Amount of Each Disbursement this Period: 3,750.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: / /

Amount of Each Disbursement this Period:

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: / /

Amount of Each Disbursement this Period:

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

**TOTAL** This Period (last page this line number only) ▶ 194,250.00

Federal Election Commission
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| fri PREPARER | 10/21/05 DATE PREPARED |

(3/2005)