FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2007 APR 17 AM 9: 09

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 ST SUITE 1100

Check if different than previously reported. (ACC)

BOSTON — MA — 02108 -

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

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

Election on MM / DD / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2006 through 09 / 30 / 2006

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 04 / 13 / 2007

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. 12/2004

FE6AN026

27044125363

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 / 2006 To: 09 / 30 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		477425
(b) Cash on Hand at Beginning of Reporting Period.....	160993	
(c) Total Receipts (from Line 19)	84060	127628
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	245053	606063
7. Total Disbursements (from Line 31).....	0	360000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	245053	245053
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

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

Harborside Healthcare Corporation PAC

Report Covering the Period: From: 07 / 01 / 2006 To: 09 / 30 / 2006

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)	83961	126960
(ii) Unitemized	99	668
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	84060	127628
(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)) ▶	84060	127628
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	0	3 6 0 0 0 0
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))	0	3 6 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶		

DETAILED SUMMARY PAGE
of Disbursements

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 34 from Line 33)		
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) ▶		

27025942356 10

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 6

- [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): HIGLEY, Heather
Mailing Address: 34921 US Highway 19 N
City: Palm Harbor, FL State: Zip Code: 34684
FEC ID number of contributing federal political committee: C00350074
Name of Employer: FL Admin Svc
Occupation: Dir of Marketing
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 10000
Date of Receipt: 09 / 30 / 2006
Amount of Each Receipt this Period: 10000

B.
Full Name (Last, First, Middle Initial): Galipeau, Lynn
Mailing Address: One Beacon St., Suite 1100
City: Boston, MA State: Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: HBR Admin Svc
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 5000
Date of Receipt: 09 / 30 / 2006
Amount of Each Receipt this Period: 5000

C.
Full Name (Last, First, Middle Initial): Lynch, Gail
Mailing Address: One Beacon Street
City: Boston, MA State: Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: HBR Admin Srv
Occupation: Dir Loss Prevention
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 10000
Date of Receipt: 09 / 30 / 2006
Amount of Each Receipt this Period: 10000

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 6

☒ 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): Foley, David

Mailing Address: One Beacon Street, Suite 1100

City: Boston, State: MA, Zip Code: 02108

FEC ID number of contributing federal political committee: C00350074

Date of Receipt: 09/30/2006

Amount of Each Receipt this Period: 13461

Name of Employer:

Occupation:

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

Aggregate Year-to-Date: 38460

B.

Full Name (Last, First, Middle Initial): Judware, George

Mailing Address: One Beacon Street, S 1100

City: Boston, State: MA, Zip Code: 02108

FEC ID number of contributing federal political committee: C00350074

Date of Receipt: 09/30/2006

Amount of Each Receipt this Period: 0

Name of Employer: Harborside Adm Srv

Occupation: VP Reimbursement

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

Aggregate Year-to-Date: 2000

C.

Full Name (Last, First, Middle Initial): Murphy, Francis

Mailing Address: One Beacon Street, Suite 1100

City: Boston, State: MA, Zip Code: 02108

FEC ID number of contributing federal political committee: C00350074

Date of Receipt: 09/30/2006

Amount of Each Receipt this Period: 7000

Name of Employer: Harborside Adm Srv

Occupation: Controller

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

Aggregate Year-to-Date: 20000

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 26

☒ 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): Velunore, Elizabeth
Mailing Address: One Beacon Street, Suite 1100
City: Boston, State: MA, Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Date of Receipt: 09/30/2006
Amount of Each Receipt this Period: 500
Name of Employer: Harborside Adm Srv
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 3500

B.
Full Name (Last, First, Middle Initial): Cushing, Gail
Mailing Address: 8 Snow Road
City: Winchester, State: NH, Zip Code: 03470
FEC ID number of contributing federal political committee: C00350074
Date of Receipt: 09/30/2006
Amount of Each Receipt this Period: 400
Name of Employer: Harborside NH LP
Occupation: Dir of Nursing
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400

C.
Full Name (Last, First, Middle Initial): Driscoll, Sue
Mailing Address: 8 Snow Road
City: Winchester, State: NH, Zip Code: 03470
FEC ID number of contributing federal political committee: C00350074
Date of Receipt: 09/30/2006
Amount of Each Receipt this Period: 1000
Name of Employer: Harborside NH, LP
Occupation: Administrator
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000

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 4 OF 6

☒ 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): Perry, Malcolm

Mailing Address: 30 Colby Court

City: Bedford, NH State: Zip Code: 03110

FEC ID number of contributing federal political committee: C00350074

Date of Receipt: 09/30/2006

Amount of Each Receipt this Period: 2000

Name of Employer: Harborside NH LP

Occupation: Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 2000

B.

Full Name (Last, First, Middle Initial): Lark, James

Mailing Address: 17601 Westchester Parkway

City: Westlake, OH State: Zip Code: 44145

FEC ID number of contributing federal political committee: C00350074

Date of Receipt: 09/30/2006

Amount of Each Receipt this Period: 5000

Name of Employer: Harborside Cleveland LP

Occupation: Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 5000

C.

Full Name (Last, First, Middle Initial): Merola, Andrea

Mailing Address: 1 Glen Hill Road

City: Danbury, CT State: Zip Code: 06811

FEC ID number of contributing federal political committee: C00350074

Date of Receipt: 09/30/2006

Amount of Each Receipt this Period: 2000

Name of Employer: Harborside Danbury, LP

Occupation: Dir of Nursing

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 2000

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 5 OF 6

[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): Mulford, Kevin

Mailing Address: 34921 US Highway 19 N

City: Palm Harbor, FL State: Zip Code: 34684

FEC ID number of contributing federal political committee: C00350074

Date of Receipt: 09 / 30 / 2006

Amount of Each Receipt this Period: 7500

Name of Employer: Florida Adm Svc

Occupation: Dir Bus Svc

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

Aggregate Year-to-Date: 7500

B.

Full Name (Last, First, Middle Initial): Shiverick, Bradley

Mailing Address: One Beacon Street, S 1100

City: Boston, MA State: Zip Code: 02108

FEC ID number of contributing federal political committee: C00350074

Date of Receipt: 09 / 30 / 2006

Amount of Each Receipt this Period: 4000

Name of Employer: Harborside Adm Svc

Occupation: VP Quality

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

Aggregate Year-to-Date: 4000

C.

Full Name (Last, First, Middle Initial): Spinelli, Stephen

Mailing Address: One Beacon Street, S 1100

City: Boston, MA State: Zip Code: 02108

FEC ID number of contributing federal political committee: C00350074

Date of Receipt: 09 / 30 / 2006

Amount of Each Receipt this Period: 2500

Name of Employer: Harborside Adm Svc

Occupation: Dir of Education

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

Aggregate Year-to-Date: 2500

SUBTOTAL of Receipts This Page (optional) ▶

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

27934236115

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 6

[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): Spriggs, Michelle

Mailing Address: 607 North Avenue

City: Wakefield, MA 01801 | State | Zip Code

Date of Receipt: 09 / 30 / 2006

FEC ID number of contributing federal political committee: C00350074

Amount of Each Receipt this Period: 10000

Name of Employer: Harborside Adm Svc

Occupation: Clinical Svc Director

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

Aggregate Year-to-Date ▼: 10000

B.

Full Name (Last, First, Middle Initial):

Mailing Address:

City | State | Zip Code

Date of Receipt: / /

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period:

Name of Employer | Occupation

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

Aggregate Year-to-Date ▼:

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City | State | Zip Code

Date of Receipt: / /

FEC ID number of contributing federal political committee: C

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) ▶ 83961

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

PAGE OF

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NAME OF COMMITTEE (In Full)

Harborside Healthcare Corporation PAC

A.

Full Name (Last, First, Middle Initial): Friends of John Boehner

Mailing Address: 7908 Cincinnati-Dayton Rd S1

City: West Chester, State: Ohio, Zip Code: 45069

Purpose of Disbursement:

Candidate Name:

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

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

Date of Disbursement: 05 / 17 / 2006

Amount of Each Disbursement this Period: 250000

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) ▶ 250.00

FE8AN026

FEC Schedule B (Form 3X) Rev. 02/2003

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

PAGE OF

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NAME OF COMMITTEE (In Full)
HARBORSIDE HEALTHCARE CORPORATION PAC

A.
Full Name (Last, First, Middle Initial): Cantor For Congress
Mailing Address: PO Box 17813
City: Richmond, Virginia State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 23 / 2006
Amount of Each Disbursement this Period: 10000

B.
Full Name (Last, First, Middle Initial): NRCC (Speaker Hastert)
Mailing Address: c/o Epiphany Productions
City: 104 Hume Avenue State: Zip Code:
Purpose of Disbursement: Alexandria, VA 22301
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 15 / 2006
Amount of Each Disbursement this Period: 100000

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) ▶ 110000

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 4/15/07
☐ USPS Registered/Certified	Postmarked (R/C)
☐ 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	4/17/07 DATE PREPARED

(3/2005)

27039423619