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)

27044262620

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 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 10 / 01 / 2006 through 12 / 31 / 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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Report Covering the Period: From: 10 / 01 / 2006 To: 12 / 31 / 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	245053	
(c) Total Receipts (from Line 19)	308319	435947
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	553372	913372
7. Total Disbursements (from Line 31)		360000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	553372	553372
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 PAC

Report Covering the Period: From: 10 / 01 / 2006 To: 12 / 31 / 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)	306498	433458
(ii) Unitemized	1821	2489
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	308319	435947
(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)) ▶	308319	435947
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶		

27039422622

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) ▶		

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): Smith, Leary, Lynette

Mailing Address: 7300 Woodpoint Drive

City: Florence State: KY Zip Code: 41042

FEC ID number of contributing federal political committee: C00350074

Date of Receipt: 12 / 31 / 2006

Amount of Each Receipt this Period: 4500

Name of Employer: HBR Woodspoint LLC

Occupation: Administrator

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

Aggregate Year-to-Date ▼: 4500

B.

Full Name (Last, First, Middle Initial): Wack, Stephanie

Mailing Address: One Beacon Street

City: Boston State: MA Zip Code: 02108

FEC ID number of contributing federal political committee: C

Date of Receipt: 12 / 31 / 2006

Amount of Each Receipt this Period: 4000

Name of Employer: HBR Admin Svc

Occupation: Director

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

Aggregate Year-to-Date ▼: 4000

C.

Full Name (Last, First, Middle Initial): Wetzel, Elizabeth

Mailing Address: 34921 US Highway 19N

City: Palm Harbor State: FL Zip Code: 34684

FEC ID number of contributing federal political committee: C00350074

Date of Receipt: 12 / 31 / 2006

Amount of Each Receipt this Period: 6000

Name of Employer: FL Admin Svc

Occupation: Director

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

Aggregate Year-to-Date ▼: 6000

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 9

☑ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Harborside Helathcare Corporation PAC

A.

Full Name (Last, First, Middle Initial): Cleary, Kevin

Mailing Address: 225 Amity Rd

City: Woodbridge State: CT Zip Code: 06525

FEC ID number of contributing federal political committee: C00350074

Name of Employer: HBR CT LP

Occupation: Administrator

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

Aggregate Year-to-Date ▼: 12500

Date of Receipt: 12 / 31 / 2006

Amount of Each Receipt this Period: 12500

B.

Full Name (Last, First, Middle Initial): Matchett, Judith

Mailing Address: 71 Elm Street

City: Milford State: MA Zip Code: 03055

FEC ID number of contributing federal political committee: C00350074

Name of Employer: HBR NH LP

Occupation: Administrative

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

Aggregate Year-to-Date ▼: 2500

Date of Receipt: 12 / 31 / 2006

Amount of Each Receipt this Period: 2500

C.

Full Name (Last, First, Middle Initial): Maurice, Jean

Mailing Address: 607 North Avenue

City: Wakefield, MA 01801 State: Zip Code:

FEC ID number of contributing federal political committee: C00350074

Name of Employer: HBR Admin Svc

Occupation: Director

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

Aggregate Year-to-Date ▼: 3000

Date of Receipt: 12 / 31 / 2006

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 3 OF 9

☑ 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): Pierce, Connie
Mailing Address: 101 Mills Place
City: New Lebanon, State: OH, Zip Code: 45345
FEC ID number of contributing federal political committee: C00350074
Name of Employer: HBR Dayton LP
Occupation: Administrator
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 6000
Date of Receipt: 12 / 31 / 2006
Amount of Each Receipt this Period: 6000

B.
Full Name (Last, First, Middle Initial): Scafanti, Joanne
Mailing Address: 850 Mix Avenue
City: Hamden, State: CT, Zip Code: 96514
FEC ID number of contributing federal political committee: C00350074
Name of Employer: HBR CT LP
Occupation: Administrator
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 10000
Date of Receipt: 12 / 31 / 2006
Amount of Each Receipt this Period: 10000

C.
Full Name (Last, First, Middle Initial): Silvia , Frank
Mailing Address: 44 Sumner St
City: Danvers, State: MA, Zip Code: 01923
FEC ID number of contributing federal political committee: C00350074
Name of Employer: HBR MA LP
Occupation: Administrator
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 5000
Date of Receipt: 12 / 31 / 2006
Amount of Each Receipt this Period: 5000

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 4

☑ 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): HIGLEY Heather

Mailing Address: 34921 US Highway 19 N

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

FEC ID number of contributing federal political committee: C00350074

Name of Employer: Galipeau, Lynn

Occupation:

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

Aggregate Year-to-Date ▼ 3200.0

Date of Receipt: 12 / 31 / 2006

Amount of Each Receipt this Period: 2200.0

B.

Full Name (Last, First, Middle Initial): Galipeau, Lynn

Mailing Address: One Beacon St., Suite 1100

City: Boston, MA 02108 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 ▼ 1600.0

Date of Receipt: 12 / 31 / 2006

Amount of Each Receipt this Period: 1100.00

C.

Full Name (Last, First, Middle Initial): Lynch, Gail

Mailing Address: One Beacon Street

City: Boston, MA 02108 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 ▼ 3200.0

Date of Receipt: 12 / 31 / 2006

Amount of Each Receipt this Period: 2200.0

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 5 OF 9

☑ 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, State: MA Zip Code: 01801

Date of Receipt: 12 / 31 / 2006

FEC ID number of contributing federal political committee: C00350074

Amount of Each Receipt this Period: 220.00

Name of Employer: Harborside Adm Svc

Occupation: Clinical Svc Director

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

Aggregate Year-to-Date ▼: 320.00

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) ▶

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 9

☑ 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
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 24000
Date of Receipt: 12 / 31 / 2006
Amount of Each Receipt this Period: 16500

B.
Full Name (Last, First, Middle Initial): Shiverick, Bradley
Mailing Address: One Beacon Street, S1100
City: Boston, MA State: Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Adm Svc
Occupation: VP Quality
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 20000
Date of Receipt: 12 / 31 / 2006
Amount of Each Receipt this Period: 16000

C.
Full Name (Last, First, Middle Initial): Spinelli, Stephen
Mailing Address: One Beacon Street, S1100
City: Boston, MA State: Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Adm Svc
Occupation: Dir of Education
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 8000
Date of Receipt: 12 / 31 / 2006
Amount of Each Receipt this Period: 5500

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 7 OF 9

☑ 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 / State / Zip Code: Bedford, NH 03110
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 ▼: 10000
Date of Receipt: 12 / 31 / 2006
Amount of Each Receipt this Period: 8000

B.
Full Name (Last, First, Middle Initial): Lark, James
Mailing Address: 17601 Westchester Parkway
City / State / Zip Code: Westlake, OH 44145
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Cleveland LP
Occupation: Administrator
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 27500
Date of Receipt: 12 / 31 / 2006
Amount of Each Receipt this Period: 22500

C.
Full Name (Last, First, Middle Initial): Merola, Andrea
Mailing Address: 1 Glen Hill Road
City / State / Zip Code: Danbury, CT 06811
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Danbury, LP
Occupation: Dir of Nursing
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 10000
Date of Receipt: 12 / 31 / 2006
Amount of Each Receipt this Period: 8000

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 9

☑ 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): Wetmore, Elizabeth

Mailing Address: One Beacon Street, Suite 1100

City: Boston, MA 02108 State: Zip Code:

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 ▼: 7000

Date of Receipt: 12 / 31 / 2006

Amount of Each Receipt this Period: 3500

B.

Full Name (Last, First, Middle Initial): Cushing, Gail

Mailing Address: 8 Snow Road

City: Winchester, NH 03470 State: Zip Code:

FEC ID number of contributing federal political committee: C00350074

Name of Employer: Harborside NH LP

Occupation: Dir of Nursing

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

Aggregate Year-to-Date ▼: 20000

Date of Receipt: 12 / 31 / 2006

Amount of Each Receipt this Period: 16000

C.

Full Name (Last, First, Middle Initial): Driscoll, Sue

Mailing Address: 8 Snow Road

City: Winchester, NH 03470 State: Zip Code:

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 ▼: 5000

Date of Receipt: 12 / 31 / 2006

Amount of Each Receipt this Period: 4000

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 9

☑ 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): Foley, David
Mailing Address: One Beacon Street, Suite 1100
City: Boston, MA 02108 State: Zip Code:
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Adm Srv
Occupation: VP Acq
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 8845.8
Date of Receipt: 12/31/2006
Amount of Each Receipt this Period: 4999.8

B.
Full Name (Last, First, Middle Initial): Judware, George
Mailing Address: One Beacon Street
City: Boston, MA 02108 State: Zip Code:
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Adm Srv
Occupation: VP Reimbursement
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 4000
Date of Receipt: 12/31/2006
Amount of Each Receipt this Period: 2000

C.
Full Name (Last, First, Middle Initial): Murphy, Francis
Mailing Address: One Beacon Street, Suite 1100
City: State: Zip Code:
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Adm Srv
Occupation: Controller
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 4400.00
Date of Receipt: 12/31/2006
Amount of Each Receipt this Period: 2400.0

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 30649.8

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) ▶ 250000

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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): 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
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Next Business Day Delivery ☐	
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(3/2005)

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