22037534784

RECEIVED
FEC MAIL ROOM
2002 APR 16 P 12:01

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

C00350074 030602 N 287
K SCOTT GRIGGS
HARBORSIDE HEALTHCARE CORPORAT
ION PAC
ONE BEACON STREET
BOSTON MA 02108

ADDRESS (number and street) ▼

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ C00350074

CITY ▲ STATE ▲ ZIP CODE ▲

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)	☐ 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 ___ / ___ / ___ 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 / 2002 through 03 / 31 / 2002

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 K. Scott Griggs

Signature of Treasurer K. Scott Griggs Date 04 / 15 / 2002

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 (Revised 1/01)

FE1RN040

22037534785

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Harborside Healthcare Corp., PAC

Report Covering the Period: From: 01 / 01 / 2002 To: 03 / 31 / 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		1928629
(b) Cash on Hand at Beginning of Reporting Period	1928629	
(c) Total Receipts (from Line 19)	265242	265242
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2193871	2193871
7. Total Disbursements (from Line 30)	800000	800000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1393871	1393871
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0000	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0000	

☐ 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

22037534786

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name: Harborside Healthcare Corp., PAC

Report Covering the Period: From: 01 01 2002 To: 03 31 2002

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)	2485.31	
(ii) Unitemized	167.11	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	2652.42	2652.42
(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 32, page 4) ▶		
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 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶		
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	800.00	800.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶		
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶		

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)		
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶		
36. Offsets to Operating Expenditures (from Line 16, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶		

22037534788

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 Corp., PAC

A.
Full Name (Last, First, Middle Initial): Rumple, Karen
Mailing Address: 1 Beacon St, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Administrator
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction
Aggregate Year-to-Date ▼: 53.83
Date of Receipt: 03 / 31 / 2002
Amount of Each Receipt this Period: 7.69

B.
Full Name (Last, First, Middle Initial): Wilson, Joseph
Mailing Address: 1 Beacon St, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Administrator
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction
Aggregate Year-to-Date ▼: 53.83
Date of Receipt: 03 / 31 / 2002
Amount of Each Receipt this Period: 7.69

C.
Full Name (Last, First, Middle Initial): Almeida, Andrew
Mailing Address: 1 Beacon St, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Compliance Officer
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction
Aggregate Year-to-Date ▼: 9000
Date of Receipt: 03 / 31 / 2002
Amount of Each Receipt this Period: 1500

SUBTOTAL of Receipts This Page (optional) ▶ 3038

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

FEC Schedule A (Form 3X) (Revised 1/01)

PE1AN042

22.03.753.4788

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 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 Corp. PAC

A.
Full Name (Last, First, Middle Initial): Davis, Elizabeth
Mailing Address: 1 Beacon St, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Clinical
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 1538
Date of Receipt: 03 31 2002
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Foley, David
Mailing Address: 1 Beacon St, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation:
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 1538
Date of Receipt: 03 31 2002
Amount of Each Receipt this Period: 19.23

C.
Full Name (Last, First, Middle Initial): Griggs, R. Scott
Mailing Address: 1 Beacon St, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: General Counsel
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 6000
Date of Receipt: 03 31 2002
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 984.46

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

FEC Schedule A (Form 3X) (Revised 1/01)

FEC 2002 MAR 29 PM 4:47

22037534790

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

PAGE 3 OF 5

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 Corp., PAC

A.
Full Name (Last, First, Middle Initial): Gaida, John
Mailing Address: 1 Beacon St, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: CIO
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction
Aggregate Year-to-Date ▼: 11538
Date of Receipt: 03 / 31 / 2002
Amount of Each Receipt this Period: 1923

B.
Full Name (Last, First, Middle Initial): Haggerty, Robert
Mailing Address: 1 Beacon St, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: SVP Human Resources
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction
Aggregate Year-to-Date ▼: 11538
Date of Receipt: 03 / 31 / 2002
Amount of Each Receipt this Period: 1923

C.
Full Name (Last, First, Middle Initial): Judwarc, George
Mailing Address: 1 Beacon St, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Reimbursement
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction
Aggregate Year-to-Date ▼: 6000
Date of Receipt: 03 / 31 / 2002
Amount of Each Receipt this Period: 1000

SUBTOTAL of Receipts This Page (optional) ▶ 4846

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

22037534790

FEC Schedule A (Form 3X) (Revised 1/01)

FE1[illegible]

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

PAGE 4 OF 5

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 Corp., PAC

A.
Full Name (Last, First, Middle Initial): Murphy, Francis
Mailing Address: 1 Beacon St, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Controller
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction
Aggregate Year-to-Date ▼: 6000
Date of Receipt: 03 / 31 / 2002
Amount of Each Receipt this Period: 1000

B.
Full Name (Last, First, Middle Initial): Beardsley, Bruce
Mailing Address: 1 Beacon St, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Acquisition
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction
Aggregate Year-to-Date ▼: 23076
Date of Receipt: 03 / 31 / 2002
Amount of Each Receipt this Period: 3846

C.
Full Name (Last, First, Middle Initial): Guillard, Stephen
Mailing Address: 1 Beacon St, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: CEO
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction
Aggregate Year-to-Date ▼: 105000
Date of Receipt: 03 / 31 / 2002
Amount of Each Receipt this Period: 17500

SUBTOTAL of Receipts This Page (optional) ▶ 22346

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

FE1AN0A2

22037534792

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

PAGE 5 OF 5

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 Corp., PAC

A.

Full Name (Last, First, Middle Initial): Stephan, William

Mailing Address: 1 Beacon St, 11th floor

City: Boston State: MA Zip Code: 02108

FEC ID number of contributing federal political committee: C 00350074

Name of Employer: Harborside Healthcare

Occupation: CFO

Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction

Aggregate Year-to-Date ▼: 23076

Date of Receipt: 03 / 31 / 2002

Amount of Each Receipt this Period: 3846

B.

Full Name (Last, First, Middle Initial): Stabler, Stacy

Mailing Address: 1 Beacon St, 11th floor

City: Boston State: MA Zip Code: 02108

FEC ID number of contributing federal political committee: C 00350074

Name of Employer: Harborside Healthcare

Occupation: Administrator

Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction

Aggregate Year-to-Date ▼: 13461

Date of Receipt: 03 / 31 / 2002

Amount of Each Receipt this Period: 1923

C.

Full Name (Last, First, Middle Initial):

Mailing Address: 1 Beacon St, 11th floor

City: Boston State: MA Zip Code: 02108

FEC ID number of contributing federal political committee: C 00350074

Name of Employer: Harborside Healthcare

Occupation:

Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll deduction

Aggregate Year-to-Date ▼:

Date of Receipt: 03 / 31 / 2002

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 5769

TOTAL This Period (last page this line number only) ▶ 40845

FEC Schedule A (Form 3X) (Revised 1/01)

FE1A0042

22037534792

22037534793

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 4-16-02
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify)	Postmarked and/or Date of Receipt
☐	Electronic Filing	

fel — 4-16-02

PREPARER — DATE PREPARED

(6/2000)