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COMMISSION MAIL ROOM

1999 OCT 28 P 3:04

One Beacon Street
Boston, Massachusetts 02108

Telephone 617-646-5400
Facsimile 617-646-5454
www.hbrside.com

HARBORSIDE
Healthcare Corporation

October 26, 1999

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Re: Harborside Healthcare Corporation PAC

Dear Sir/Madam:

Enclosed for filing please find a Statement of Organization, in duplicate, for Harborside Healthcare Corporation PAC. Please return a filed-stamped copy to my attention.

If you have any questions or concerns please feel free to contact Scott Griggs at (617) 646-5560.

Very truly yours,

Jaime Copithorne

Jaime Copithorne
Secretary to
K. Scott Griggs

JMC/mw
Enclosure
cc: K. Scott Griggs, Esq. (without enclosure)

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)	2. DATE
Harborside Healthcare Corporation PAC	July 12, 1999
(b) Number and Street Address ☐ (Check if address is changed)	3. FEC Identification Number
One Beacon Street	
(c) City, State and ZIP Code	4. Is This Report An Amendment? ☐ YES ☒ NO
Boston, MA 02108	

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5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☒ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Harborside Healthcare Corporation	One Beacon Street Boston, MA 02108	connected

Type of Connected Organization
☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
K. Scott Griggs	One Beacon Street, Boston, MA 02108	Corporate Secretary

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
K. Scott Griggs	One Beacon Street, Boston, MA 02108	Corporate Secretary

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
The Chase Manhattan Bank	999 Broad Street, Bridgeport, CT 06604

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
K. Scott Griggs	K. Scott Griggs	July 12, 1999

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

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FEC FORM 1
(revised 4/87)

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
☑	First Class Mail	POSTMARKED 10-26-99
☐	Registered/Certified Mail	POSTMARKED
☐	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	

PREPARER

10-28-99
DATE PREPARED

(4/98)