RECEIVED
FEC MAIL ROOM
2002 JUL 31 A 11:36

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

HARBORSIDE HEALTHCARE CORPORATION PAC

ADDRESS (number and street) ▼

ONE BEACON STREET 11 FLOOR

☐ 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)
- ☐ 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 04 / 01 / 2002 through 06 / 30 / 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 07 / 30 / 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)

FE2AN042

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: 04 01 2002 To: 06 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		1,928,629
(b) Cash on Hand at Beginning of Reporting Period	1,393,871	
(c) Total Receipts (from Line 19)	294,549	559,791
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,688,420	2,488,420
7. Total Disbursements (from Line 30)	650,000	1,450,000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,038,420	1,038,420
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 (Revised 1/01)

Write or Type Committee Name
Harborside Healthcare Corp., PAC

Report Covering the Period: From: 04 01 2002 To: 06 30 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)	288,603	
(ii) Unitemized	59.46	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	294549	559791
(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) ▶	294549	559791
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	650.00	14,500.00
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 15, page 3)		
37. 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) ☐ 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): Karen Rumple
Mailing Address: 1 Beacon Street, 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: 9997
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 769

B.
Full Name (Last, First, Middle Initial): Joseph Wilson
Mailing Address: 1 Beacon Street, 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: 9997
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 769

C.
Full Name (Last, First, Middle Initial): Andy Almeida
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: VP of Compliance
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 19500
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 1500

SUBTOTAL of Receipts This Page (optional) ▶ 3038

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) ☐ 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): David Foley
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: VP of Acquisitions
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 24999
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 1923

B.
Full Name (Last, First, Middle Initial): K. Scott Griggs
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: VP & General Counsel
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 13000
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 1000

C.
Full Name (Last, First, Middle Initial):
Mailing Address: 1 Beacon Street, 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 & CIO
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 24999
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 1923

SUBTOTAL of Receipts This Page (optional) ▶ 4846

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) ☐ 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): Robert Haggerty
Mailing Address: 1 Beacon Street, 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 of Human Resources
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 24,999
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 1,923

B.
Full Name (Last, First, Middle Initial): George Judware
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: VP of Reimbursement
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 130.00
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 1,000

C.
Full Name (Last, First, Middle Initial): Francis Murphy
Mailing Address: 1 Beacon Street, 11th floor
City: Boston State: MA Zip Code: 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: VP & Controller
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 130.00
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 1,000

SUBTOTAL of Receipts This Page (optional) ▶ 3,923

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) ☐ 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): Bradley Shiverick
Mailing Address: 1 Beacon Street, 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: VP of Quality Assurance
Receipt For: ☐ Primary ☐ General ☒ Other (specify): payroll deduction
Aggregate Year-to-Date: 9997
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 769

B. Full Name (Last, First, Middle Initial): Raymond Takamona
Mailing Address: 1 Beacon Street, 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: Regional VP
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 9997
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 769

C. Full Name (Last, First, Middle Initial): Bruce Beardsley
Mailing Address: 1 Beacon Street, 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: SVP of Acquisitions
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 49998
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 3846

SUBTOTAL of Receipts This Page (optional) ▶ 5384

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) ☐ 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): Stephen Guillard
Mailing Address: 1 Beacon Street, 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: 22750.0
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 1750.0

B.
Full Name (Last, First, Middle Initial): Steven Raso
Mailing Address: 1 Beacon Street, 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 of Operations
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll deduction
Aggregate Year-to-Date: 9997
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 769

C.
Full Name (Last, First, Middle Initial): William Stephan
Mailing Address: 1 Beacon Street, 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: 49998
Date of Receipt: 06 30 2002
Amount of Each Receipt this Period: 3846

SUBTOTAL of Receipts This Page (optional) ► 2215

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 6

☐ 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 committees.

NAME OF COMMITTEE (In Full): Harborside Healthcare Corp, PAC

A.
Full Name (Last, First, Middle Initial): Stacy Stabler
Mailing Address: 1 Beacon Street, 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: 2499.99
Date of Receipt: 06 / 30 / 2002
Amount of Each Receipt this Period: 1923

B.
Full Name (Last, First, Middle Initial):
Mailing Address: 1 Beacon Street, 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: 06 / 30 / 2002
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address: 1 Beacon Street, 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: 06 / 30 / 2002
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶

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

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 7-31-02
☐	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	

Jm D — PREPARER

7-31-02 — DATE PREPARED

(6/2000)