24038492988

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER
2009 AUG -9 A 9:42
Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FEB15

HUB BOSTON HEALTH CARE CORPORATION PAC

ADDRESS (number and street) ▼ ONE BOWDOIN SQUARE

☐ Check if different than previously reported. (ACC) SUITE 1010

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:

- [X] 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 01 01 2004 through 03 31 2004

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

Date 07 30 2009

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. 02/2003)

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: 01 / 01 / 2004 To: 03 / 31 / 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		12,744.84
(b) Cash on Hand at Beginning of Reporting Period	12,744.84	
(c) Total Receipts (from Line 19)	22466.66	22466.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14991.50	14991.50
7. Total Disbursements (from Line 31)	500000	500000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9991.50	1.50
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. 02/2003)

Write or Type Committee Name

Harborside Healthcare Corporation PAC

Report Covering the Period: From: 01 / 01 / 2004 To: 03 / 31 / 2004

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)	224031	
(ii) Unitemized	635	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	224666	224666
(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) ▶	224666	224666
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)) ▶	224666	224666
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	5,0,0,0,0,0	5,0,0,0,0,0
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))	5,0,0,0,0,0	5,0,0,0,0,0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	224666	224666
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 33 from Line 32)	224666	224666
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 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) 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 purposes 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): Almeida, Andrew
Mailing Address: One Beacon Street, Suite 1100
City, State, Zip Code: Boston, MA 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: VP Compliance
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll Deduction
Aggregate Year-to-Date: 900.00
Date of Receipt: 03/31/2004
Amount of Each Receipt this Period: 900.0

B. Full Name (Last, First, Middle Initial): Beardsley, Bruce
Mailing Address: One Beacon Street, Suite 1100
City, State, Zip Code: Boston, MA 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Sr VP Acquisitions
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Payroll Deduction
Aggregate Year-to-Date: 230.76
Date of Receipt: 03/31/2004
Amount of Each Receipt this Period: 230.76

C. Full Name (Last, First, Middle Initial): Dunlap, Kimberly
Mailing Address: One Beacon Street, Suite 1100
City, State, Zip Code: Boston, MA 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: 1500
Date of Receipt: 03/31/2004
Amount of Each Receipt this Period: 1500.0

SUBTOTAL of Receipts This Page (optional) ▶ 3,230.76

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

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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 8 OF 5

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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, State, Zip Code: Boston, MA 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: VP Acquisitions
Receipt For: [ ] Primary [ ] General [X] Other (specify) ▼ Payroll Deduction
Aggregate Year-to-Date ▼: 1153.0
Date of Receipt: 03 / 31 / 2004
Amount of Each Receipt this Period: 1153.8

B.
Full Name (Last, First, Middle Initial): Guida, John
Mailing Address: One Beacon Street, Suite 1100
City, State, Zip Code: Boston, MA 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Sr VP & CIO
Receipt For: [ ] Primary [ ] General [X] Other (specify) ▼ Payroll Deduction
Aggregate Year-to-Date ▼: 1153.8
Date of Receipt: 03 / 31 / 2004
Amount of Each Receipt this Period: 1153.8

C.
Full Name (Last, First, Middle Initial): Guillard, Stephen
Mailing Address: One Beacon Street, Suite 1100
City, State, Zip Code: Boston, MA 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: CEO
Receipt For: [ ] Primary [ ] General [X] Other (specify) ▼ Payroll Deduction
Aggregate Year-to-Date ▼: 105000
Date of Receipt: 03 / 31 / 2004
Amount of Each Receipt this Period: 105000

SUBTOTAL of Receipts This Page (optional) ▶ 128076

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 5

☐ 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): Haggerty, Robert
Mailing Address: One Beacon Street, Suite 1100
City, State, Zip Code: Boston, MA 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: 1923
Date of Receipt: 03 / 31 / 2004
Amount of Each Receipt this Period: 1923

B.
Full Name (Last, First, Middle Initial): Judware, George
Mailing Address: One Beacon Street, Suite 1100
City, State, Zip Code: Boston, MA 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: 6000
Date of Receipt: 03 / 31 / 2004
Amount of Each Receipt this Period: 6000

C.
Full Name (Last, First, Middle Initial): Murphy, Francis
Mailing Address: One Beacon Street, Suite 1100
City, State, Zip Code: Boston, MA 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: 6000
Date of Receipt: 03 / 31 / 2004
Amount of Each Receipt this Period: 6000

SUBTOTAL of Receipts This Page (optional) ▶ 13923

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

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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 5
☐ 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): Rumple, Karen
Mailing Address: One Beacon Street, Suite 1100
City State Zip Code: Boston, MA 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 ▼: 4614
Date of Receipt: 03 / 31 / 2004
Amount of Each Receipt this Period: 4614

B. Full Name (Last, First, Middle Initial): Shiverick, Bradley
Mailing Address: One Beacon Street, Suite 1100
City State Zip Code: Boston, MA 02108
FEC ID number of contributing federal political committee: C 00350074
Name of Employer: Harborside Healthcare
Occupation: VP Quality Assurance
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll Deduction
Aggregate Year-to-Date ▼: 4614
Date of Receipt: 03 / 31 / 2004
Amount of Each Receipt this Period: 4614

C. Full Name (Last, First, Middle Initial): Stephan, William
Mailing Address: One Beacon Street, Suite 1100
City State Zip Code: Boston, MA 02108
FEC ID number of contributing federal political committee: C 00350074
Name of Employer: Harborside Healthcare
Occupation: Sr VP & CFO
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll Deduction
Aggregate Year-to-Date ▼: 2307
Date of Receipt: 03 / 31 / 2004
Amount of Each Receipt this Period: 2307

SUBTOTAL of Receipts This Page (optional) ▶ 3230
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 5
☐ 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): Talamona, Ray
Mailing Address: One Beacon Street, Suite 1100
City, State, Zip Code: Boston, MA 02108
FEC ID number of contributing federal political committee: C00350074
Name of Employer: Harborside Healthcare
Occupation: Regional VP
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Payroll Deduction
Aggregate Year-to-Date ▼: 4614
Date of Receipt: 03 / 31 / 2004
Amount of Each Receipt this Period: 4614

B.
Full Name (Last, First, Middle Initial): Thomas, Stacey
Mailing Address: One Beacon Street, Suite 1100
City, State, Zip Code: Boston, MA 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 ▼: 11538
Date of Receipt: 03 / 31 / 2004
Amount of Each Receipt this Period: 11538

C.
Full Name (Last, First, Middle Initial): One Beacon Street, Suite 1100
Mailing Address: Boston, MA 02108
City, State, Zip Code:
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 ▼:
Date of Receipt: / /
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 16152

TOTAL This Period (last page this line number only) ▶ 224031

Campaign Contributions:	Amount
Bush-Cheney '04	2,000.00
Friends of Johnnie Byrd	1,000.00
KOMPAC	1,000.00
Wilson for Congress	1,000.00
Total	5,000.00

24038492999

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 8-2-04
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
	Delivery Confirmation ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ 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

PREPARER

8-9-04
DATE PREPARED

(5/2004)