harborfax

To: FEC

Fax: (202)219-0174

CC:

Fax:

Date: 7/12/01

From: Christa Matyka

Legal Assistant to Scott Griggs

Phone (617) 646-5655

Fax (617) 646-5569

Please see attached filing form 3X. Original to follow in regular mail.

Thank you.

Please call the number below if there are
Any problems with this transmission.

Number of pages: 5 , including cover

HARBORSIDE
Healthcare

One Beacon Street, Suite 1100
Boston MA 02108
(617) 646-5400

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): Harborside Healthcare Corporation PAC

ADDRESS (number and street) ☐ Check if different than previously reported
One Beacon Street, Suite 1100

CITY, STATE and ZIP CODE
Boston, MA 02108

2. FEC IDENTIFICATION NUMBER: C00350074

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 04/01/2001 through 06/30/2001		
6. (a) Cash on Hand January 1, 2001		$ 0
(b) Cash on Hand at Beginning of Reporting Period	$ 2285.26	
(c) Total Receipts (from Line 18)	$ 497.97	$ 5402.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 2783.23	$ 5402.71
7. Total Disbursements (from Line 30)	$ 1500.00	$ 1500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1283.33	$ 3902.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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: 7/12/01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X (revised 9/93)

FEBAN103

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD FROM TO: COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	338.45	4034.58	11(a)i
i. Itemized (use Schedule A)	159.52	1368.13	11(a)i
ii. Unitemized	497.97	5402.71	11(a)i
iii. Total (add i and ii) ➤	-0-	-0-	11(b)
b. Political Party Committees	-0-	-0-	11(c)
c. Other Political Committees (such as PACs)	497.97	5402.71	11(d)
d. Total Contributions (add a iii, b and c) ➤	-0-	-0-	12
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	13
13. All Loans Received	-0-	-0-	14
14. Loan Repayments Received	-0-	-0-	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	17
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	18
18. Transfers from Nonfederal Account for Joint Activity	497.97	5402.71	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	497.97	5402.71	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i. Federal Share			21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees	1500.00	1500.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤			29
29. Other Disbursements	1500.00	1500.00	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1500.00	1500.00	31
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 11d)	497.97	5402.71	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	497.97	5402.71	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11Ai

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

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: Brenda Lewis, 1201 Daly Drive, New Haven, IN 46774	Name of Employer: Harborside Healthcare; Occupation: Administrator	6/29/01	$50.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Payroll deduction	Aggregate Year-to-Date: $ 650.00		
B. Full Name, Mailing Address and ZIP Code: Stacey Stabler, 1775 Huntington Lane, Rockledge, FL 32955	Name of Employer: Harborside Healthcare; Occupation: Administrator	6/29/01	$19.23
Receipt For: [ ] Primary [ ] General [X] Other (specify): Payroll deduction	Aggregate Year-to-Date: $ 249.99		
C. Full Name, Mailing Address and ZIP Code: Bruce Beardsley, One Beacon Street, Suite 1100, Boston, MA 02108	Name of Employer: Harborside Healthcare; Occupation: Acquisitions	6/29/01	$38.46
Receipt For: [ ] Primary [ ] General [X] Other (specify): Payroll deduction	Aggregate Year-to-Date: $ 499.98		
D. Full Name, Mailing Address and ZIP Code: Susan Davis, One Beacon Street, Suite 1100, Boston, MA 02108	Name of Employer: Harborside Healthcare; Occupation: Clinical Services	6/29/01	$19.23
Receipt For: [ ] Primary [ ] General [X] Other (specify): payroll deduction	Aggregate Year-to-Date: $ 249.99		
E. Full Name, Mailing Address and ZIP Code: David Foley, One Beacon Street, Suite 1100, Boston, MA 02108	Name of Employer: Harborside Healthcare; Occupation: Acquisitions	6/29/01	$19.23
Receipt For: [ ] Primary [ ] General [X] Other (specify): payroll deduction	Aggregate Year-to-Date: $ 211.55		
F. Full Name, Mailing Address and ZIP Code: John Guida, One Beacon Street, Suite 1100, Boston, MA 02108	Name of Employer: Harborside Healthcare; Occupation: MIS	6/29/01	$19.23
Receipt For: [ ] Primary [ ] General [X] Other (specify): payroll deduction	Aggregate Year-to-Date: $ 211.55		
G. Full Name, Mailing Address and ZIP Code: Stephen Guillard, One Beacon Street, Suite 1100, Boston, MA 02108	Name of Employer: Harborside Healthcare; Occupation: CEO	6/29/01	$115.38
Receipt For: [ ] Primary [ ] General [X] Other (specify): payroll deduction	Aggregate Year-to-Date: $ 1326.87		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$280.76

FEDAN099

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

PAGE 2 OF 2

FOR LINE NUMBER 1/A1

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert Haggerty, One Beacon Street, Suite 1100, Boston, MA 02108	Harborside Healthcare / Human Resource	6/29/01	$19.23
Receipt For: ☐ Primary ☐ General ☒ Other (specify): payroll deduction	Aggregate Year-to-Date > $ 211.55		
B. William Stephan, One Beacon Street, Suite 1100, Boston, MA 02108	Harborside Healthcare / Finance/Accounting	6/29/01	$35.46
Receipt For: ☐ Primary ☐ General ☒ Other (specify): payroll deduction	Aggregate Year-to-Date > $ 423.10		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$57.69
TOTAL This Period (last page this line number only)	$338.45

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.

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PREPARER	DATE PREPARED
n/a	n/a

FEC FORM 70-2 (12/92)