

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

GGNSC Holdings LLC/Golden Horizons Care PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼ **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 / / through / /

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 Stacie E.S. Aman

Signature of Treasurer Stacie E.S. Aman [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

GGNSC Holdings LLC/Golden Horizons Care PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="131682.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="130977.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3040.00"/>	<input type="text" value="39350.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="134017.91"/>	<input type="text" value="171032.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5000.00"/>	<input type="text" value="42015.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="129017.91"/>	<input type="text" value="129017.91"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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. 06/2004)

Write or Type Committee Name

GGNSC Holdings LLC/Golden Horizons Care PAC

Report Covering the Period: From: / / To: / /

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).....	3020.00	32672.50
(ii) Unitemized	20.00	6677.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3040.00	39350.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3040.00	39350.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3040.00	39350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3040.00	39350.00

DETAILED SUMMARY PAGE
of Disbursements

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	15.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	15.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	41000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	42015.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	42015.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	3040.00	39350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3040.00	39350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	15.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	15.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 18
(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)
GGNSC Holdings LLC/Golden Horizons Care PAC

Full Name (Last, First, Middle Initial)
A. MR. JACK A. DIVETA

Mailing Address 361 RADEBAUGH DR

City State Zip Code
 LONGWOOD FL 32779-4526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 GGNSC Holdings LLC Florida Regional REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1442914243514

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. STACIE SMITH

Mailing Address 1000 Fianna Way

City State Zip Code
 Fort Smith AR 72919-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Golden Living Center Director of Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1538918543514

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MS. ANGELA W. HOLLIS

Mailing Address 2820 MCKINNON ST.
 APT. 1077

City State Zip Code
 DALLAS TX 75201-1024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AseraCare PRESIDENT ASERACARE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1607794643514

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00

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 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GGNSC Holdings LLC/Golden Horizons Care PAC

Full Name (Last, First, Middle Initial)
A. MR. NEIL M. KURTZ

Mailing Address 7160 NORTH DALLAS PKWAY
SUITE 400

City PLANO State TX Zip Code 75024-7111

FEC ID number of contributing federal political committee. **C**

Name of Employer Golden Living Center Occupation PRESIDENT AND CEO GO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3300.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR1757433043514

Amount of Each Receipt this Period
300.00

P/R Deduction (\$150.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. STACIE E. AMAN

Mailing Address 2791 N Wakefield Street

City Arlington State VA Zip Code 22207-4130

FEC ID number of contributing federal political committee. **C**

Name of Employer Golden Living Occupation Nat'l Dir Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2021684743514

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. BRANDON RIBAR

Mailing Address 2215 Cedar Springs

City Dallas State TX Zip Code 75201-1812

FEC ID number of contributing federal political committee. **C**

Name of Employer Golden Horizons Occupation SVP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2089913243514

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	430.00
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 8 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GGNSC Holdings LLC/Golden Horizons Care PAC

Full Name (Last, First, Middle Initial) A. JOHN WILLIAMS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015 Transaction ID : PR2194795143514
Mailing Address 10504 TWEED LANE		Amount of Each Receipt this Period 30.00
City FORT SMITH	State AR	Zip Code 72908-0941
FEC ID number of contributing federal political committee. C	Name of Employer Golden Living Center	Occupation SVP Facility Finance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. WILLIAM KROPP III		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015 Transaction ID : PR2195907743514
Mailing Address 1012 S. Greenwood Av		Amount of Each Receipt this Period 30.00
City Fort Smith	State AR	Zip Code 72901-4132
FEC ID number of contributing federal political committee. C	Name of Employer Golden Living Center	Occupation Associate General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ROBIN BARTLETT		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015 Transaction ID : PR2196545643514
Mailing Address 8930 Valley Creek Dr.		Amount of Each Receipt this Period 100.00
City Arlington	State TN	Zip Code 38002-4481
FEC ID number of contributing federal political committee. C	Name of Employer Golden Living	Occupation Nat'l Dir Public Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 9 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GGNSC Holdings LLC/Golden Horizons Care PAC

A. ANGELA METZGER
Full Name (Last, First, Middle Initial)

Mailing Address 2500 Calstone Drive

City Little Elm State TX Zip Code 75068-6908

FEC ID number of contributing federal political committee. **C**

Name of Employer Golden Living Occupation Consultant Public Relations 3

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2198681443514

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

B. MR. SEAN A. FOSTER
Full Name (Last, First, Middle Initial)

Mailing Address 8240 E FLAT BRANCH

City INDIANAPOLIS State IN Zip Code 46259-7714

FEC ID number of contributing federal political committee. **C**

Name of Employer Golden LivingCenters Occupation REGIONAL VICE PRES O

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR768707943514

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

C. MS. VICI A. LITTRELL
Full Name (Last, First, Middle Initial)

Mailing Address 37722 HWY 5

City GLASGOW State MO Zip Code 65254-2033

FEC ID number of contributing federal political committee. **C**

Name of Employer Golden Living Center Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR768709343514

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 10 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GGNSC Holdings LLC/Golden Horizons Care PAC

A. MRS. DIXIE L. WILDE
Full Name (Last, First, Middle Initial)

Mailing Address 405 SAGEHORN DRIVE

City HARTFORD State SD Zip Code 57033-2360

FEC ID number of contributing federal political committee. **C**

Name of Employer GOLDEN LIVING CTR DISTRICT 14 Occupation REGIONAL VICE PRES O

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **725.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR768719743514

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$25.00 Bi-Weekly)

B. MRS. FRANCES A. KEEARNS
Full Name (Last, First, Middle Initial)

Mailing Address 8640 SE ADAMS

City WAKARUSA State KS Zip Code 66546-9716

FEC ID number of contributing federal political committee. **C**

Name of Employer GOLDEN LIVINGCENTER - ESKRIDGE Occupation ED SR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR768739643514

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

C. MS. LUANN A. PONTIUS
Full Name (Last, First, Middle Initial)

Mailing Address 675 S SLED RUN

City SANTA CLAUS State IN Zip Code 47579-6217

FEC ID number of contributing federal political committee. **C**

Name of Employer LINCOLN HILLS NURSING HOME Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR768740343514

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **110.00**

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:	PAGE 11 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GGNSC Holdings LLC/Golden Horizons Care PAC

Full Name (Last, First, Middle Initial) A. MRS. PATRICIA A. POWELL		Date of Receipt
Mailing Address 937 MAYS BRANCH RD		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
VAN BUREN	AR	72956-8477
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR768744043514
Name of Employer	Occupation	Amount of Each Receipt this Period
Golden Horizons	DIR SR HUMAN RESOURC	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="420.00"/>	

Full Name (Last, First, Middle Initial) B. MR. KEITH R. JEWELL		Date of Receipt
Mailing Address 2626 PEACHTREE ROAD NW RES # 803		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
ATLANTA	GA	30305-5640
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR768745143514
Name of Employer	Occupation	Amount of Each Receipt this Period
Golden Horizons	SVP LEGAL & GENERAL	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$25.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) C. MR. DAVID C. BECK		Date of Receipt
Mailing Address 5104 OAK TREE CIRCLE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
DALLAS	TX	75287-7514
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR768745843514
Name of Employer	Occupation	Amount of Each Receipt this Period
Golden Living	EVP CHIEF LEGAL OFFI	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$25.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 12 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GGNSC Holdings LLC/Golden Horizons Care PAC

A. MS. LISA O. SPEARS
Full Name (Last, First, Middle Initial)
Mailing Address 2705 S 87TH DR

City FORT SMITH	State AR	Zip Code 72903-5273
FEC ID number of contributing federal political committee. C		
Name of Employer Golden Horizons	Occupation VP ENTER PROJ MGMT O	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

Date of Receipt
10 / 31 / 2015
Transaction ID : PR768746643514

Amount of Each Receipt this Period
75.00

P/R Deduction (\$37.50 Bi-Weekly)

B. MR. HAROLD A. PRICE
Full Name (Last, First, Middle Initial)
Mailing Address 12461 MONTEGO PLAZA

City DALLAS	State TX	Zip Code 75230-1723
FEC ID number of contributing federal political committee. C		
Name of Employer Golden Horizons	Occupation SVP SALES AND MARKET	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

Date of Receipt
10 / 31 / 2015
Transaction ID : PR768747243514

Amount of Each Receipt this Period
300.00

P/R Deduction (\$150.00 Bi-Weekly)

C. MS. MICHELE L. SELF
Full Name (Last, First, Middle Initial)
Mailing Address 2804 CROOKED CREEK DR.

City CARROLLTON	State TX	Zip Code 75007-5020
FEC ID number of contributing federal political committee. C		
Name of Employer Golden Horizons	Occupation VP CLINICAL ASSESSME	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Date of Receipt
10 / 31 / 2015
Transaction ID : PR768751543514

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	475.00
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: PAGE 13 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GGNSC Holdings LLC/Golden Horizons Care PAC

A. MRS. LORNA J. ELLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 332 MAHAN
 City MEADOWLAKES State TX Zip Code 78654-7012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GGNSC - AseraCare Occupation DIR BUSINESS OFFICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR768752143514
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. MRS. VERONA F. DRENCKPOHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 SUNNY HILL PL
 City HACKETT State AR Zip Code 72937-4435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOLDEN LIVING CTR IT BUS SOLUTIONS Occupation DIR APPLICATION SERV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR768752843514
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. MR. JASON D. HARMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1107 WINTER PARK DR
 City VAN BUREN State AR Zip Code 72956-2155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GGNSC AC H (ADMIN SERVICES) Occupation VP FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR768761643514
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00
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:	PAGE 14 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GGNSC Holdings LLC/Golden Horizons Care PAC

A. MRS. SUSAN E. ALMON MATANGOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 WINDSOR DR
 City EPHRATA State PA Zip Code 17522-2651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GGNSC - AEGIS ANCILLARY SERVICES Occupation CLINICAL SERVICES DI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **825.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR768762043514
 Amount of Each Receipt this Period **75.00**
 P/R Deduction (\$37.50 Bi-Weekly)

B. MR. WILLIAM P. GOULDING
 Full Name (Last, First, Middle Initial)
 Mailing Address 5901 SOUTH 76TH ST
 City GREENDALE State WI Zip Code 53129-2234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOLDEN LIVING CTR AEGIS ANCILLARY SERV Occupation DIR NATIONAL OUTCOME
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **825.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR768762243514
 Amount of Each Receipt this Period **75.00**
 P/R Deduction (\$37.50 Bi-Weekly)

C. MS. SANDRA CLIFTON PT
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 CASTLESTONE LANE
 City MATTHEWS State NC Zip Code 28104-7239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GGNSC SPECTRA - RMC NORTHEAST Occupation VP OPERATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR768763043514
 Amount of Each Receipt this Period **100.00**
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **250.00**
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: PAGE 15 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GGNSC Holdings LLC/Golden Horizons Care PAC

Full Name (Last, First, Middle Initial)
A. MRS. MARTHA J. SCHRAM
 Mailing Address 8 SOUTHERN HILLS COURT
 City State Zip Code
 FRISCO TX 75034-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GGNSC REHAB CONSULTING STAFFING PRESIDENT AEGIS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR768763143514
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$150.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MR. DONALD B. BIGGS
 Mailing Address 102 MAPLE ST
 City State Zip Code
 SEWARD NE 68434-2620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Golden Horizons REGIONAL VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR768763643514
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MRS. ALICIA A. TAYLOR
 Mailing Address 6746 NORTHFIELD DR
 City State Zip Code
 EVANSVILLE IN 47711-1679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GOLDEN LIVING CTR AEGIS 8328 DISTRICT MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR768764443514
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$37.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00
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: PAGE 16 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GGNSC Holdings LLC/Golden Horizons Care PAC

A. MR. DON G. GRIFFIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 HAVEN HILL CIRCLE
 City State Zip Code
 FORT SMITH AR 72901-6840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GOLDEN LIVING CTR IT TECH SERVICES DIR IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR768766943514
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. MRS. DAWN M. ANDRESEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7905 E. OAKMONT PL.
 City State Zip Code
 SIOUX FALLS SD 57110-7577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Golden Horizons DISTRICT MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR768770643514
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. MRS. MAUREEN P. ROBERTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5044 BIG CANYON LANE
 City State Zip Code
 FAIR OAKS CA 95628-4101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GOLDEN LIVING CTR REGION 1 COASTAL VP FINANCIAL OPERATI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR768775343514
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
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 17 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GGNSC Holdings LLC/Golden Horizons Care PAC

A. MS. CYNTHIA L. KASSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1171
 City MAPLE GROVE State MN Zip Code 55311-6171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOLDEN LIVING CTR AEGIS-WISCONSIN Occupation VP SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR768791843514
 Amount of Each Receipt this Period **100.00**
 P/R Deduction (\$50.00 Bi-Weekly)

B. MR. GREGORY N. DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2233 MISTY CREEK TRL
 City STOCKBRIDGE State GA Zip Code 30281-9219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Living - GLENWOOD Occupation DIR OPERATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR768796043514
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$15.00 Bi-Weekly)

C. JOHN HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1694 Carey Place
 City Charleston State WV Zip Code 25314-2511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Living Center - Riversides Occupation Dir Reg Environmental Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR768800843514
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	3020.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GGNSC Holdings LLC/Golden Horizons Care PAC

Full Name (Last, First, Middle Initial)

A. Washington State Democratic Central Committee

Mailing Address P.O. Box 4027

City State Zip Code
Seattle WA 98194

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 68577848

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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