

# 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  
GGNSC Holdings LLC/Golden Horizons Care PAC

ADDRESS (number and street) 1250 H Street NW  
Suite 555  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00346346  
**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 Quarterly 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 (12G)  
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 06 01 2008 through 06 30 2008

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 Jack MacDonald

Signature of Treasurer Electronically Filed by Jack MacDonald Date 07 18 2008

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. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
GGNSC Holdings LLC/Golden Horizons Care PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		225072.79
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	232137.79									
(c) Total Receipts (from Line 19) .....	9925.00	65650.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	242062.79	290722.79								
7. Total Disbursements (from Line 31) .....	17590.00	66250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	224472.79	224472.79								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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**

Write or Type Committee Name  
GGNSC Holdings LLC/Golden Horizons Care PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	8825.00	45685.00
(i) Itemized (use Schedule A) .....	1100.00	19965.00
(ii) Unitemized .....	9925.00	65650.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9925.00	65650.00
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 Transfer (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)) .....	9925.00	65650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9925.00	65650.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	90.00	600.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	90.00	600.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	17500.00	65500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	150.00
(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	150.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	17590.00	66250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17590.00	66250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	9925.00	65650.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9925.00	65500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	90.00	600.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	90.00	600.00

**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 / 36
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. RALPH E. CANNON		Date of Receipt
	Mailing Address 1255 ROSELLAS WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	ALMA	AR	72921
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer GGNSC Admin Svcs LLC		Occupation VP ORG DEVLPMT & EFF	<b>Transaction ID:</b> PR1360891314334
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 650.00	<input type="text"/> 100.00
			P/R Deduction (\$50.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. MELINDA N. COLEY		Date of Receipt
	Mailing Address 1230 SPRUCE LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CHESAPEAKE	VA	23320
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer GGNSC Holdings LLC		Occupation VP FINANCIAL OPERATI	<b>Transaction ID:</b> PR1442839214334
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 650.00	<input type="text"/> 100.00
			P/R Deduction (\$50.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JACK A. DIVETA		Date of Receipt
	Mailing Address 361 RADEBAUGH DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LONGWOOD	FL	32779
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer GGNSC Holdings LLC Florida Regional		Occupation VP REGIONAL	<b>Transaction ID:</b> PR1442914214334
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 650.00	<input type="text"/> 100.00
			P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
MS. MELISSA S. BENTLEY

Mailing Address P.O. BOX 276

City State Zip Code  
GARRISON KY 41141

FEC ID number of contributing federal political committee. C

Name of Employer GOLDEN LIVINGCENTER - VAN-CEBURG      Occupation DO IN TRAINING

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR768706814334

Amount of Each Receipt this Period 75.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. DONALD S JONES

Mailing Address 2522 North 159th St

City State Zip Code  
Omaha NE 68116-2032

FEC ID number of contributing federal political committee. C

Name of Employer GOLDEN LIVING CTR DISTRICT 15      Occupation Dir Operations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR768712814334

Amount of Each Receipt this Period 50.00

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

**C.** Full Name (Last, First, Middle Initial)  
MRS. STACI R. CARDENAS

Mailing Address 929 CLUBHOUSE DRIVE

City State Zip Code  
MCPHERSON KS 67460

FEC ID number of contributing federal political committee. C

Name of Employer GOLDEN LIVINGCENTER - COL-UMBUS      Occupation DIR OPERATIONS

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR768716914334

Amount of Each Receipt this Period 30.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 155.00

**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: <span style="float: right;">PAGE 8 / 36</span>
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. DIXIE L. WILDE	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2805 S THEODORE AVE	<b>Transaction ID:</b> PR768719714334
	City State Zip Code SIOUX FALLS SD 57106	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation GOLDEN LIVING CTR DISTRICT 14 DIR OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. CYNDIA A. SEIWERT	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 13968 MALLARD TRAIL	<b>Transaction ID:</b> PR768730114334
	City State Zip Code ROGERS MN 55374	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation GOLDEN LIVINGCENTER - LAKE RIDGE DIR OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. PATRICIA A. CRANSTON	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 20076 EAST 1100 ROAD	<b>Transaction ID:</b> PR768734514334
	City State Zip Code PLEASANTON KS 66075	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation GOLDEN LIVINGCENTER - PIT-TSBURG EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50	P/R Deduction (\$37.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>205.00</b>
<b>TOTAL</b> 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 9 / 36
(check only one)	
<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"/>	<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL S. EWING		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2539 CHARDONNAY DR		<b>Transaction ID:</b> PR768743914334
	City MACUNGIE	State PA	Zip Code 18062
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Golden Horizons	Occupation DIR OPERATIONS	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. THOMAS R. MARSH		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 8812 COPPER OAKS		<b>Transaction ID:</b> PR768744914334
	City FORT SMITH	State AR	Zip Code 72903
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Golden Horizons	Occupation DIR SR INTERNAL INVE	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. KEITH R. JEWELL		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2626PEACHTREEROAD NW RES # 803		<b>Transaction ID:</b> PR768745114334
	City ATLANTA	State GA	Zip Code 30305
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Golden Horizons	Occupation COUNSEL GEN LABOR&EM	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 10 / 36  
(check only one)

<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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. DEBRA J. PIERCE

Mailing Address 6510 FIELDCREST DR

City State Zip Code  
FORT SMITH AR 72916

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

Name of Employer Golden Horizons Occupation ASSOCIATE GEN COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768745514334

Amount of Each Receipt this Period 75.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD SKELLY

Mailing Address 1626 QUAIL COURT

City State Zip Code  
WESTON FL 33327

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

Name of Employer GGNSC HOLDINGS LLC Occupation EVP CHIEF FIN & INFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768746414334

Amount of Each Receipt this Period 300.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. NORMAN M. MORTON

Mailing Address 2912 CEDAR VALLEY DR

City State Zip Code  
GREENWOOD AR 72936

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

Name of Employer GGNSC HOLDINGS LLC Occupation SVP TREASURER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768746814334

Amount of Each Receipt this Period 200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

**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 11 / 36
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. STACEY P. ROGERS	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 5205 ROSEWOOD CIR	<b>Transaction ID:</b> PR768747014334
	City State Zip Code FORT SMITH AR 72903	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$37.50 Bi-Weekly)
Name of Employer Golden Horizons	Occupation VP FINANCIAL PLANNIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. HAROLD A. PRICE	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1960 E 900 S	<b>Transaction ID:</b> PR768747214334
	City State Zip Code SALT LAKE CITY UT 84108	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$150.00 Bi-Weekly)
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 ▼ 1950.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. DEBRA GOUX	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1812 HILLSBORO LN	<b>Transaction ID:</b> PR768748314334
	City State Zip Code FORT SMITH AR 72908	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer GOLDEN LIVING CTR IT FIELD SERVICES	Occupation DIR IT CUST SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>475.00</b>
<b>TOTAL</b> 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 12 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
MR. JOHN M. BOYD

Mailing Address 7005 RED PINE

City State Zip Code  
FORT SMITH AR 72916

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

Name of Employer Golden Horizons Occupation DIR FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt: 06 / 30 / 2008  
Transaction ID: PR768748514334  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$37.50 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. PAUL W. GOSS

Mailing Address 24 NEFFWOOD LANE

City State Zip Code  
BELLA VISTA AR 72715

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

Name of Employer GGNSC RECRUITING - CORPORATE OFFICE Occupation SVP PUBLIC AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt: 06 / 30 / 2008  
Transaction ID: PR768748614334  
Amount of Each Receipt this Period: 300.00  
P/R Deduction (\$150.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JACK A. MACDONALD

Mailing Address 9644 GEORGETOWN PIKE

City State Zip Code  
GREAT FALLS VA 22066

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

Name of Employer GGNSC HOLDINGS LLC Occupation SVP PUBLIC AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt: 06 / 30 / 2008  
Transaction ID: PR768748714334  
Amount of Each Receipt this Period: 300.00  
P/R Deduction (\$150.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **675.00**

**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 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM J. MEENAN

Mailing Address 1877 BAIR ROAD

City State Zip Code  
PUNXSUTAWNEY PA 15767

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

Name of Employer Golden Horizons Occupation DIVISION PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768749614334

Amount of Each Receipt this Period 75.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. DAVID M. MILLS

Mailing Address 9939 ALVARADO LN N

City State Zip Code  
MAPLE GROVE MN 55311

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

Name of Employer GGNSC Division Overhead Occupation DIVISION PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768750414334

Amount of Each Receipt this Period 200.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. KEVIN M. ROBERTS

Mailing Address 2304 DUNDEE DRIVE

City State Zip Code  
FORT SMITH AR 72908

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

Name of Employer Golden Horizons Occupation VP FINANCE OPERATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768750614334

Amount of Each Receipt this Period 300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **575.00**

**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 14 / 36
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. LAURIE G. HOOKS	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 3200 EAGLE DRIVE	<b>Transaction ID:</b> PR768750914334
	City State Zip Code GREENWOOD AR 72936	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer GGNSC CLINICAL SERVICES	Occupation DIR SR CLINICAL QUAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. REBECCA B. BODIE	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 7055 WEYBRIDGE DR	<b>Transaction ID:</b> PR768751214334
	City State Zip Code CUMMING GA 30040	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer GGNSC HOLDINGS LLC	Occupation DIR OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. MICHELE L. SELF	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 5945 EVANSTON AVE	<b>Transaction ID:</b> PR768751514334
	City State Zip Code INDIANAPOLIS IN 46220	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Golden Horizons	Occupation VP CLINICAL REIMBURS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 / 36

(check only one)

<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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. MARY BETH C. NEWELL

Mailing Address 998 SUMMER PLACE

City State Zip Code  
PITTSBURGH PA 15243

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

Name of Employer Occupation  
Golden Horizons VP CLINICAL REIMBURS

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 487.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR768751814334

Amount of Each Receipt this Period

75.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MRS. VERONA F. DRENCKPOHL

Mailing Address 1101 SUNNY HILL PL

City State Zip Code  
HACKETT AR 72937

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

Name of Employer Occupation  
GOLDEN LIVING CTR IT BUS SOLUTIONS DIR APPLICATION SERV

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR768752814334

Amount of Each Receipt this Period

100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL L. CROWDER

Mailing Address 1212 KENSINGTON WAY

City State Zip Code  
FORT SMITH AR 72903

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

Name of Employer Occupation  
GOLDEN LIVING CTR IT BUS SOLUTIONS DIR IT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR768752914334

Amount of Each Receipt this Period

100.00

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

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

275.00

**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 16 / 36
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOHN B. BARNETT		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 10504 INVERNESS ST		<b>Transaction ID:</b> PR768753114334
	City State Zip Code FORT SMITH AR 72908	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
	Name of Employer GGNSC - IT TECH SERVICES	Occupation DIR NETWORK SYSTEMS	P/R Deduction (\$50.00 Bi-Weekly)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JOSEPH R. ASHLEY		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address P. O. BOX 10704		<b>Transaction ID:</b> PR768753214334
	City State Zip Code FORT SMITH AR 72903	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 75.00
	Name of Employer GGNSC - IT TECH SERVICES	Occupation DIR IT DATA SECURITY	P/R Deduction (\$37.50 Bi-Weekly)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. FRED J. MEYERRIECKS		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 8900 ROYAL RIDGE DR		<b>Transaction ID:</b> PR768753314334
	City State Zip Code FORT SMITH AR 72903	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
	Name of Employer GOLDEN LIVING CTR CORPORATE MIS	Occupation DIR IT CONTROLS & CO	P/R Deduction (\$50.00 Bi-Weekly)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>275.00</b>
<b>TOTAL</b> 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 / 36
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. CHARLES E. GOUX	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1812 HILLSBORO LANE	<b>Transaction ID:</b> PR768753514334
	City State Zip Code FORT SMITH AR 72908	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$37.50 Bi-Weekly)
	Name of Employer Occupation GOLDEN LIVING CTR IT BUS SOLUTIONS VP IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JEFFREY P. BOLING	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 8412 DANBRIDGE WAY	<b>Transaction ID:</b> PR768761114334
	City State Zip Code WESTERVILLE OH 43082	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Occupation GOLDEN LIVING CTR ASERACA-RE OPERATIONS VP OF BUSINESS DEVEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. CINDY H. SUSIENKA	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1201 S.WATERVILLE RD	<b>Transaction ID:</b> PR768761314334
	City State Zip Code OCONOMOWOC WI 53066	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$150.00 Bi-Weekly)
	Name of Employer Occupation GGNSC AEGIS/HOMECARE SVCS REG OFFICE CEO GOLDEN INNOVATIO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>475.00</b>
<b>TOTAL</b> 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 18 / 36
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. ELIZABETH A. GRIMA	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6807HIGHLAND PARK DR	<b>Transaction ID:</b> PR768761514334
	City State Zip Code FORT SMITH AR 72916	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer GGNSC AEGIS/ASERA HR/SALES SVCS	Occupation SVP HR SERVICES COS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JASON D. HARMS	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1708 WOODWIND WAY	<b>Transaction ID:</b> PR768761614334
	City State Zip Code VAN BUREN AR 72956	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer GGNSC AC'H (ADMIN SERVICE-S)	Occupation DIR SR OPERATIONAL F	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. SUSAN E. ALMON MATANGOS	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 100 WINDSOR DR	<b>Transaction ID:</b> PR768762014334
	City State Zip Code EPHRATA PA 17522	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$37.50 Bi-Weekly)
Name of Employer GGNSC - AEGIS ANCILLARY SERVICES	Occupation DIRECTOR OF CLINICAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>275.00</b>
<b>TOTAL</b> 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 19 / 36  
(check only one)

<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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM P. GOULDING

Mailing Address 5901 SOUTH 76TH ST

City State Zip Code  
GREENDALE WI 53129

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 ▼ 487.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768762214334

Amount of Each Receipt this Period  
75.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MRS. DONNA G. DIEDRICH

Mailing Address 104 MARSHALL STREET

City State Zip Code  
FORT MILL SC 29715

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

Name of Employer GOLDEN LIVING CTR AEGIS ANCILLARY SERV  
Occupation DIRECTOR OF CLINICAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768762814334

Amount of Each Receipt this Period  
75.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MS. SANDRA CLIFTON

Mailing Address 414 CASTLESTONE LANE

City State Zip Code  
MATTHEWS NC 28104

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

Name of Employer GGNSC SPECTRA - RMC NORTH-EAST  
Occupation VP OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768763014334

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 20 / 36  
(check only one)

<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

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

**A.**

Full Name (Last, First, Middle Initial)  
MRS. MARTHA J. SCHRAM

Mailing Address 613 MORNINGSTAR LANE

City MADISON State WI Zip Code 53704

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

Name of Employer  
GGNSC REHAB CONSULTING ST-AFFING

Occupation  
PRESIDENT AEGIS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1950.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR768763114334

Amount of Each Receipt this Period  
300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MS. JUDI C. PRITCHARD

Mailing Address 236 KENSINGTON LANE

City ALABASTER State AL Zip Code 35007

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

Name of Employer  
GOLDEN LIVING CTR AEGIS 8200

Occupation  
DIR AREA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR768763514334

Amount of Each Receipt this Period  
100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. DONALD B. BIGGS

Mailing Address 102 MAPLE ST

City SEWARD State NE Zip Code 68434

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

Name of Employer  
Golden Horizons

Occupation  
REGIONAL VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR768763614334

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**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 21 / 36
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. LEO J. LACROIX	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address W 1267 N. BLUE SPRG LK DR	<b>Transaction ID:</b> PR768763714334
	City PALMYRA State WI Zip Code 53156	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer GOLDEN LIVING CTR AEGIS/A-SERA HR/SALES Occupation VP OF SALES SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. ALICIA A. TAYLOR	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6746 NORTHFIELD DR	<b>Transaction ID:</b> PR768764414334
	City EVANSVILLE State IN Zip Code 47711	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$37.50 Bi-Weekly)
	Name of Employer GOLDEN LIVING CTR AEGIS 8328 Occupation DISTRICT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 487.50		

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. TAMERA PAULK	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1778 SATILLA ROAD	<b>Transaction ID:</b> PR768764814334
	City WRAY State GA Zip Code 31798	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$37.50 Bi-Weekly)
	Name of Employer GOLDEN LIVING CTR AEGIS 8334 Occupation DISTRICT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 487.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> 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 22 / 36  
(check only one)

<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
							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

**A.**

Full Name (Last, First, Middle Initial)  
MR. DON G. GRIFFIN

Mailing Address 4 HAVEN HILL CIRCLE

City State Zip Code  
FORT SMITH AR 72901

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

Name of Employer GOLDEN LIVING CTR IT TECH SERVICES  
Occupation DIR IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

**Transaction ID:** PR768766914334

Amount of Each Receipt this Period 100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MRS. VERA J. GILES

Mailing Address 5705 SHROPSHIRE CT

City State Zip Code  
ALEXANDRIA VA 22315

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

Name of Employer GOLDEN LIVING CTR AEGIS 8410  
Occupation DISTRICT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

**Transaction ID:** PR768767714334

Amount of Each Receipt this Period 75.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MS. KENDALL L. TROUTMAN

Mailing Address 107 KENWAY LOOP

City State Zip Code  
MOORESVILLE NC 28117

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

Name of Employer GOLDEN LIVING CTR AEGIS 8208  
Occupation DIR AREA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

**Transaction ID:** PR768768714334

Amount of Each Receipt this Period 75.00

P/R Deduction (\$37.50 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 23 / 36  
(check only one)

<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

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

**A.**

Full Name (Last, First, Middle Initial)  
MRS. DAWN M. ANDRESEN

Mailing Address 7905 E. OAKMONT PL.

City State Zip Code  
SIOUX FALLS SD 57110

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 ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768770614334

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. STEVEN E. ROBISON

Mailing Address 3074 AUTUMN HILL TRAIL

City State Zip Code  
NEW ALBANY IN 47150

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

Name of Employer Occupation  
GOLDEN LIVING CTR DISTRICT 08 DIR OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768772614334

Amount of Each Receipt this Period  
75.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MS. DENISE F. CURRY

Mailing Address 503 VILSACK RD

City State Zip Code  
GLENSHAW PA 15116

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

Name of Employer Occupation  
GOLDEN LIVING CTR DISTRICT 10 DIR OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768772914334

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **215.00**

**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 24 / 36  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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

**A.**

Full Name (Last, First, Middle Initial)  
MR. MARTY D. DAVIS

Mailing Address 10755 QUAAL ROAD

City State Zip Code  
BLACK HAWK SD 57718

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

Name of Employer GOLDEN LIVING CTR DISTRICT 13  
Occupation DIR SR OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768773214334

Amount of Each Receipt this Period 75.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. ADAM E. WHITEHILL

Mailing Address 977 BRIDLE CREEK

City State Zip Code  
JORDAN MN 55352

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

Name of Employer GOLDEN LIVING CTR REGION 04  
Occupation VP FINANCIAL OPERATI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768773314334

Amount of Each Receipt this Period 100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MRS. LESLIE C. CAMPBELL

Mailing Address 358 QUAIL CREEK ROAD

City State Zip Code  
HOT SPRING AR 71901

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

Name of Employer GOLDEN LIVING CTR DISTRICT 21  
Occupation VP OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768773614334

Amount of Each Receipt this Period 100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **275.00**

**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 25 / 36
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PAXTON L. WIFFLER	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 4130 WINDSONG CIRCLE	<b>Transaction ID:</b> PR768773714334
	City State Zip Code PRIOR LAKE MN 55372	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Occupation GOLDEN LIVING CTR DISTRICT 18 VP OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. MAUREEN P. ROBERTS	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 5044 BIG CANYON LANE	<b>Transaction ID:</b> PR768775314334
	City State Zip Code FAIR OAKS CA 95628	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Occupation GOLDEN LIVING CTR REGION 1 COASTAL VP FINANCIAL OPERATI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. FRANCES ABDUO	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 644 FILBERT CT	<b>Transaction ID:</b> PR768775614334
	City State Zip Code WALNUT CREEK CA 94598	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Occupation GGNSC CLINICAL SERVICES VP CLINICAL SERV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 26 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
MR. JOHN F. BEGLEY

Mailing Address 33 WOODVILLE AVE

City Milton State MA Zip Code 02186

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

Name of Employer Golden Horizons Occupation VP LABOR RELATIONS

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR768776014334  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$37.50 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JEFFREY S. AIKEN

Mailing Address P O BOX 141

City MARS State PA Zip Code 16046

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

Name of Employer Golden Horizons Occupation VP FINANCIAL OPERATI

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR768776514334  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$37.50 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MS. CINDY V. KREIDER

Mailing Address 2999 STATE ROUTE 304

City WINFIELD State PA Zip Code 17889

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

Name of Employer GGNSC CLINICAL SERVICES-D-IV 03 Occupation VP CLINICAL SERV

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR768776614334  
 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: (check only one)	PAGE 27 / 36
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. PAMELA J. HANSEN	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2690 WOODHILL CT.	<b>Transaction ID:</b> PR768777114334
	City State Zip Code BROOKFIELD WI 53005	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Golden Living Center Region 04	Occupation VP HR	P/R Deduction (\$37.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. GAIL GEISENHOF	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2072 HIGHWOOD	<b>Transaction ID:</b> PR768777214334
	City State Zip Code ST. PAUL MN 55119	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer GGNSC CLINICAL SERVICES-D-IV 04	Occupation VP CLINICAL SERV	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. MARY E. HAWKINS	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 18240 ASTOR DRIVE APT 102	<b>Transaction ID:</b> PR768777314334
	City State Zip Code BROOKFIELD WI 53045	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer GGNSC CBO - MILWAUKEE	Occupation DIR REG BUS OFFICE O	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>275.00</b>
<b>TOTAL</b> 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 28 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
MRS. JOANN EVANS

Mailing Address N6740 CLOSS RD

City State Zip Code  
CAMBRIA WI 53923

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

Name of Employer Occupation  
GGNSC CLINICAL SERVICES-D-IV 01 DIR CLINICAL SERVICE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 487.50

Date of Receipt: 06 / 30 / 2008  
Transaction ID: PR768777614334  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$37.50 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MS. ANDREA J. CLARK

Mailing Address 320 ST. JOHN'S GOLF

City State Zip Code  
ST. AUGUSTINE FL 32092

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

Name of Employer Occupation  
GGNSC Clinical Services SVP PROFESSIONAL SER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 30 / 2008  
Transaction ID: PR768778514334  
Amount of Each Receipt this Period: 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JAMES A. GLENSKY

Mailing Address 1909 RANNOCH TRACE

City State Zip Code  
FORT SMTIH AR 72908

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

Name of Employer Occupation  
GOLDEN LIVING CTR CERES STRATEGIES VP CLINICAL SPEND MG

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 30 / 2008  
Transaction ID: PR768778614334  
Amount of Each Receipt this Period: 100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **375.00**

**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 29 / 36  
(check only one)

<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
							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

**A.**

Full Name (Last, First, Middle Initial)  
MR. LAWRENCE DEANS

Mailing Address 11 CHAMBERLAIN CT

City State Zip Code  
THE WOODLANDS TX 77382

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

Name of Employer Golden Horizons Occupation CHIEF ADMINISTRATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768785814334

Amount of Each Receipt this Period  
300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MRS. JEAN A. LOGUE

Mailing Address 36650 SOUTH DOGWOOD LANE

City State Zip Code  
COOKSON OK 74427

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

Name of Employer GOLDEN LIVING CTR REGION 00 Occupation VP HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768786214334

Amount of Each Receipt this Period  
100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MRS. DAWN WHITCOMB

Mailing Address 1390 E CRESCENT WAY

City State Zip Code  
CHANDLER AZ 85249

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

Name of Employer GOLDEN LIVING CTR AEGIS 8372 Occupation DIR AREA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR768789814334

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$37.50 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 30 / 36  
(check only one)

<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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MS. CYNTHIA L. KASSON</p> <p>Mailing Address 8162 JEWEL LANE N</p> <p>City State Zip Code MAPLE GROVE MN 55311</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GOLDEN LIVING CTR AEGIS-W- ISCONSIN Occupation VP REGIONAL</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2008</p> <p><b>Transaction ID:</b> PR768791814334</p> <p>Amount of Each Receipt this Period 100.00</p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) MR. STEPHEN ALBRECHT</p> <p>Mailing Address 578 N AUDUBON RD</p> <p>City State Zip Code INDIANAPOLIS IN 46219</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Golden Horizons Occupation DIR REG GOVERNMENT R</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2008</p> <p><b>Transaction ID:</b> PR768808814334</p> <p>Amount of Each Receipt this Period 100.00</p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) MS. NANCY L. HUBLAR</p> <p>Mailing Address 10511 BUCKEYE TRACE</p> <p>City State Zip Code GOSHEN KY 40026</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Golden Horizons Occupation DIR REG GOVERNMENT R</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2008</p> <p><b>Transaction ID:</b> PR768809014334</p> <p>Amount of Each Receipt this Period 100.00</p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
---	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 31 / 36	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PAUL D. WORTHEN		Date of Receipt																					
	Mailing Address PO BOX 1214		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	0	8														
	City State Zip Code HIXSON TN 37343		<b>Transaction ID:</b> PR768811214334																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00																					
Name of Employer Golden Horizons		Occupation CHIEF PRIVACY OFFICE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1950.00																						
P/R Deduction (\$150.00 Bi-Weekly)																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8825.00

**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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel</p> <p>Mailing Address PO Box 101124</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Rahm Emanuel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 05</p>	<p><b>Transaction ID:</b> 24981209</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Montana Democratic Party Federal Account</p> <p>Mailing Address PO Box 802</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Montana Democratic Party Federal Account</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 24981211</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Our Congress PAC</p> <p>Mailing Address P.O. Box 344</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Our Congress PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 25279967</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Contribution</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="5500.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>



# 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

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

A.	Full Name (Last, First, Middle Initial) Right Track PAC <hr/> Mailing Address P.O. Box 17325 <hr/> City Jonesboro State AR Zip Code 72403 <hr/> Purpose of Disbursement Contribution Candidate Name Right Track PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 25280437 Date of Disbursement 06 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Contribution
B.	Full Name (Last, First, Middle Initial) Priority PAC <hr/> Mailing Address 12 Blue Ridge Circle <hr/> City Little Rock State AR Zip Code 72207 <hr/> Purpose of Disbursement Contribution Candidate Name Priority PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 25280439 Date of Disbursement 06 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Contribution
C.	Full Name (Last, First, Middle Initial) LINC PAC <hr/> Mailing Address 124 West Capitol Avenue Suite 630 <hr/> City Little Rock State AR Zip Code 72201 <hr/> Purpose of Disbursement Contribution Candidate Name LINC PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 25280440 Date of Disbursement 06 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee <hr/> Mailing Address PO Box 260 <hr/> City Newtonville State MA Zip Code 02460 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25465456 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Pat Roberts For U.S. Senate, Inc. <hr/> Mailing Address P.O. Box 433 <hr/> City Great Bend State KS Zip Code 67530 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Pat Roberts Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25469091 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6000.00

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

17500.00

**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)

PAGE 35 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) SunTrust - Golden Horizons  Mailing Address P.O. Box 622227  City Orlando State FL Zip Code 32862-2227  Purpose of Disbursement Wire Transfer Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 25465448 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 8	Amount of Each Disbursement this Period 15.00  Wire Transfer
<b>B.</b>	Full Name (Last, First, Middle Initial) SunTrust - Golden Horizons  Mailing Address P.O. Box 622227  City Orlando State FL Zip Code 32862-2227  Purpose of Disbursement Wire Transfer Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 25465449 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8	Amount of Each Disbursement this Period 30.00  Wire Transfer
<b>C.</b>	Full Name (Last, First, Middle Initial) SunTrust - Golden Horizons  Mailing Address P.O. Box 622227  City Orlando State FL Zip Code 32862-2227  Purpose of Disbursement Wire Transfer Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 25465450 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8	Amount of Each Disbursement this Period 15.00  Wire Transfer

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

PAGE 36 / 36

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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

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

A.

Full Name (Last, First, Middle Initial)  
SunTrust - Golden Horizons

Transaction ID: 25465451

Date of Disbursement

Mailing Address P.O. Box 622227

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

City Orlando State FL Zip Code 32862-2227

Amount of Each Disbursement this Period

30.00
-------

Purpose of Disbursement  
Wire Transfer

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Wire Transfer

State: District:

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

30.00
-------

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

90.00
-------