

# 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. 12FE4M5

GGNSC Holdings LLC/Golden Horizons Care PAC

ADDRESS (number and street) 1099 New York Avenue NW, Suite 625

Check if different than previously reported. (ACC) Washington DC 20001

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 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 [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 09 / 01 / 2012 through [MM] / [DD] / [YYYY] 09 / 30 / 2012

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 Jack MacDonald [Electronically Filed] Date 10 / 15 / 2012

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									
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**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="2012"/>		195617.91
(b) Cash on Hand at Beginning of Reporting Period.....	193207.91	
(c) Total Receipts (from Line 19) .....	4975.00	54595.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	198182.91	250212.91
7. Total Disbursements (from Line 31).....	3000.00	55030.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	195182.91	195182.91
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:  /  /  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).....	4885.00	43205.00
(ii) Unitemized .....	90.00	11390.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4975.00	54595.00
(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) .....	4975.00	54595.00
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))..... ▶	4975.00	54595.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4975.00	54595.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	54500.00
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	500.00
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)) ..	3000.00	55030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	55030.00

**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) .....	4975.00	54595.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4975.00	54595.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	30.00
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	30.00

**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 OF 25
<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. MS. MELINDA N. COLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1230 SPRUCE LANE  
 City CHESAPEAKE State VA Zip Code 23320-6963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GGNSC Holdings LLC Occupation VP FINANCIAL OPERATI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1442839225211**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. MR. JACK A. DIVETA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 361 RADEBAUGH DR  
 City LONGWOOD State FL Zip Code 32779-4526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GGNSC Holdings LLC Florida Regional Occupation VP REGIONAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1442914225211**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. MR. NEIL M. KURTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12035 BASIN STREET NORTH  
 City WELLINGTON State FL Zip Code 33414-5703  
 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 ▼ 3000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1757433025211**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$150.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 7 OF 25  
(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. 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 VP of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768707925211**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. MS. VICI A. LITRELL**  
 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 ▼ 285.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768709325211**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. MS. LUANN K. PONTIUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58657 PALACE LANE  
 City ELKHART State IN Zip Code 46517-9587  
 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 ▼ 285.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768712725211**  
 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 8 OF 25
	<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. STACI R. CARDENAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 CLUBHOUSE DRIVE  
 City MCPHERSON State KS Zip Code 67460-5267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GOLDEN LIVINGCENTER - COLUMBUS Occupation DIR OPERATIONS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR768716925211**  
 Amount of Each Receipt this Period **300.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. 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 DIR OPERATIONS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR768719725211**  
 Amount of Each Receipt this Period **100.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. MS. DIANE K. FORGEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3517 S BANYAN AVENUE  
 City SIOUX FALLS State SD Zip Code 57110-4501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GOLDEN LIVINGCENTER - REDFIELD Occupation EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR768722425211**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>160.00</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 9 OF 25
	<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. MR. ANTHONY JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 19712 HANSEN AVENUE

City OMAHA State NE Zip Code 68130-5110

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

Name of Employer Golden Living Occupation DIR OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768728925211**

Amount of Each Receipt this Period 30.00

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

**B. MR. DRU W. FISCHGRABE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1273 SUNBURST WAY SE

City HUTCHINSON State MN Zip Code 55350-3424

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

Name of Employer Golden Living - WABASSO Occupation EXECUTIVE DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768729225211**

Amount of Each Receipt this Period 30.00

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

**C. MRS. CYNDI A. SEIWERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 13600 COMMERCE BLVD #302

City ROGERS State MN Zip Code 55374-4565

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

Name of Employer GOLDEN LIVINGCENTER - LAKE RIDGE Occupation REGIONAL VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768730125211**

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 25
	<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. MR. BRIAN P. MUELLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6710 BROOK BEND WAY

City LOUISVILLE State KY Zip Code 40229-5302

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 ▼ 285.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR768731825211**

Amount of Each Receipt this Period 30.00

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

**B. MRS. PATRICIA A. CRANSTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3005 OAKVIEW DRIVE

City PITTSBURG State KS Zip Code 66762-6642

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

Name of Employer GOLDEN LIVINGCENTER - PITTSBURG Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 712.50

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR768734525211**

Amount of Each Receipt this Period 75.00

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

**C. MS. SHERRIE L. CUNNINGHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1308 N 7TH

City NEODESHA State KS Zip Code 66757-1254

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

Name of Employer GOLDEN LIVINGCENTER - NEODESHA Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR768734725211**

Amount of Each Receipt this Period 30.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00

**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 25  
(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. FRANCES A. KEARNES**  
 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 ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR768739625211**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. MS. JULIE A. PENNINGTON**  
 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 ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR768740325211**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. MRS. CANDACE J. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10062 HIGHWAY NN  
 City MEXICO State MO Zip Code 65265-5754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GOLDEN LIVINGCENTER - PIN OAKS Occupation EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR768741725211**  
 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: PAGE 12 OF 25  
(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. MR. MICHAEL S. EWING**

Mailing Address 2539 CHARDONNAY DR

City State Zip Code  
 MACUNGIE PA 18062-8792

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

Name of Employer Occupation  
 Golden Horizons DIR SR OPERATIONS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 490.00

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : PR768743925211**

Amount of Each Receipt this Period  
 40.00

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

Full Name (Last, First, Middle Initial)  
**B. MR. KEITH R. JEWELL**

Mailing Address 2626PEACHTREEROAD NW RES # 803

City State Zip Code  
 ATLANTA GA 30305

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

Name of Employer Occupation  
 Golden Horizons COUNSEL GEN LABOR&EM

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : PR768745125211**

Amount of Each Receipt this Period  
 100.00

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

Full Name (Last, First, Middle Initial)  
**C. MR. STACEY P. ROGERS**

Mailing Address 5205 ROSEWOOD CIR

City State Zip Code  
 FORT SMITH AR 72903-0775

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

Name of Employer Occupation  
 Golden Horizons VP FINANCIAL PLANNIN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : PR768747025211**

Amount of Each Receipt this Period  
 75.00

P/R Deduction (\$37.50 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: (check only one)	PAGE 13 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MR. HAROLD A. PRICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 HARBOUR PLACE DRIVE #3119  
 City TAMPA State FL Zip Code 33602-6760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Horizons Occupation SVP SALES AND MARKET  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768747225211**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$150.00 Bi-Weekly)

**B. MR. PAUL W. GOSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 CHEVIOT LANE  
 City BELLA VISTA State AR Zip Code 72715-5400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GGNSC RECRUITING - CORPORATE OFFICE Occupation SVP GOVERNMENT RELAT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768748625211**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$150.00 Bi-Weekly)

**C. MR. JACK A. MACDONALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9644 GEORGETOWN PIKE  
 City GREAT FALLS State VA Zip Code 22066-2638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GGNSC HOLDINGS LLC Occupation SVP PUBLIC AFFAIRS A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768748725211**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$150.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 14 OF 25  
(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. REBECCA B. BODIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7055 WEYBRIDGE DR  
 City CUMMING State GA Zip Code 30040-7654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GGNSC HOLDINGS LLC Occupation VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768751225211**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. MS. KIMBERLY A. OLIVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3610 SOUTHVIEW DRIVE  
 City FORT SMITH State AR Zip Code 72903-6453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Living Occupation VP CLINICAL REIMBURS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768751325211**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. MS. MICHELE L. SELF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5945 EVANSTON AVE  
 City INDIANAPOLIS State IN Zip Code 46220-2441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Horizons Occupation VP CLINICAL REIMBURS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768751525211**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**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 25
	(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"/> 16
		<input type="checkbox"/> 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

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 ▼ 300.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR768752125211**

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

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 ▼ 1000.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR768752825211**

Amount of Each Receipt this Period 100.00

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

**C. MR. FRED J. MEYERRIECKS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8900 ROYAL RIDGE DR

City FORT SMITH State AR Zip Code 72903

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

Name of Employer GOLDEN LIVING CTR CORPORATE MIS Occupation DIR IT CONTROLS & CO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR768753325211**

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: (check only one)	PAGE 16 OF 25
	<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. 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 OF FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : PR768761625211**

Amount of Each Receipt this Period  
 100.00

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

**B. 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 DIRECTOR OF CLINICAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : PR768762025211**

Amount of Each Receipt this Period  
 75.00

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

**C. 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 SEF Occupation DIR NATIONAL OUTCOME

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : PR768762225211**

Amount of Each Receipt this Period  
 75.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 OF 25
	<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. SANDRA CLIFTON**  
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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : PR768763025211**

Amount of Each Receipt this Period  
 100.00

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

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

Mailing Address 613 MORNINGSTAR LANE

City MADISON State WI Zip Code 53704-2217

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

Name of Employer GGNSC REHAB CONSULTING STAFFING Occupation PRESIDENT AEGIS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : PR768763125211**

Amount of Each Receipt this Period  
 300.00

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

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

Mailing Address 102 MAPLE ST

City SEWARD State NE Zip Code 68434-2620

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : PR768763625211**

Amount of Each Receipt this Period  
 50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 18 OF 25  
(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. ALICIA A. TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6746 NORTHFIELD DR  
 City EVANSVILLE State IN Zip Code 47711-1679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GOLDEN LIVING CTR AEGIS 8328 Occupation DISTRICT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 712.50

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768764425211**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$37.50 Bi-Weekly)

**B. MR. DON G. GRIFFIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 HAVEN HILL CIRCLE  
 City FORT SMITH State AR Zip Code 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 ▼ 1000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768766925211**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. MS. VERA J. GILES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5705 SHROPSHIRE CT  
 City ALEXANDRIA State VA Zip Code 22315-4026  
 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 ▼ 750.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768767725211**  
 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 19 OF 25  
(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. 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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR768770625211**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. MS. DENISE F. CURRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 VILSACK RD  
 City State Zip Code  
 GLENSHAW PA 15116-1939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Golden Living Center VP OPERATIONS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR768772925211**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. MR. MARTY D. DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10755 QUAAL ROAD  
 City State Zip Code  
 BLACK HAWK SD 57718-9383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GOLDEN LIVING CTR DISTRICT 13 DIR SR OPERATIONS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR768773225211**  
 Amount of Each Receipt this Period  
 75.00  
 P/R Deduction (\$37.50 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: (check only one)	PAGE 20 OF 25
	<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. LESLIE C. CAMPBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 358 QUAIL CREEK ROAD  
 City HOT SPRINGS State AR Zip Code 71901-7304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GOLDEN LIVING CTR DISTRICT 21 Occupation DIVISION PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768773625211**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. MRS. MAUREEN P. ROBERTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5044 BIG CANYON LANE  
 City FAIR OAKS State CA Zip Code 95628-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GOLDEN LIVING CTR REGION 1 COASTAL Occupation VP FINANCIAL OPERATI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768775325211**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. MS. GAIL GEISENHOF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2072 HIGHWOOD  
 City SAINT PAUL State MN Zip Code 55119-5604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GGNSC CLINICAL SERVICES-DIV 04 Occupation VP CLINICAL SERV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR768777225211**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<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 21 OF 25
	<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) <b>A. MS. MARY E. HAWKINS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012
Mailing Address 18240 ASTOR DRIVE APT 102		<b>Transaction ID : PR768777325211</b>
City BROOKFIELD	State WI	Zip Code 53045-5635
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer GGNSC CBO - MILWAUKEE	Occupation DIR REG BUS OFFICE O	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. MS. ANDREA J. CLARK</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012
Mailing Address 320 ST. JOHN'S GOLF		<b>Transaction ID : PR768778525211</b>
City SAINT AUGUSTINE	State FL	Zip Code 32092-1054
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer GGNSC Clinical Services	Occupation SVP PROFESSIONAL SER	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. MR. LAWRENCE DEANS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012
Mailing Address 11 CHAMBERLAIN CT		<b>Transaction ID : PR768785825211</b>
City THE WOODLANDS	State TX	Zip Code 77382-2080
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Golden Horizons	Occupation PRESIDENT GOLDEN LIV	P/R Deduction (\$150.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	530.00
<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 OF 25  
(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. MS. CYNTHIA L. KASSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8162 JEWEL LANE N  
 City State Zip Code  
 MAPLE GROVE MN 55311-1776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GOLDEN LIVING CTR AEGIS-WISCONSIN VP OF SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : PR768791825211**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. MS. STEPHANIE J. FIDLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1012 LILY LANE  
 City State Zip Code  
 TEMPLE PA 19560-9535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Golden Horizons DIR CLINICAL SERVICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : PR768792525211**  
 Amount of Each Receipt this Period  
 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. MR. LEONARD J. QUIMBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 319 BREWSTER RD  
 City State Zip Code  
 NEW CASTLE PA 16102-3005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Golden Living - MONROEVILLE DIR OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : PR768794125211**  
 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)..... ▶

**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 23 OF 25
	<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. 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 EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR768796025211**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. 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 - Riverside Occupation Dir Reg Environmental Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR768800825211**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. MR. MICHAEL R. KARICHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11301 MAPLE PARK DR  
 City FORT SMITH State AR Zip Code 72916-9362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Living Occupation SVP HR AND ADMINISTR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR768801425211**  
 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: PAGE 24 OF 25  
(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
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NAME OF COMMITTEE (In Full)  
**GGNSC Holdings LLC/Golden Horizons Care PAC**

**A. MS. NANCY L. HUBLAR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10511 BUCKEYE TRACE  
City GOSHEN State KY Zip Code 40026-9756  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Golden Living Center Occupation DIR REG GOVERNMENT R  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012  
**Transaction ID : PR768809025211**  
Amount of Each Receipt this Period  
100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4885.00



**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. Romney Victory, Inc.**

Mailing Address 585 Commercial Street

City Boston State MA Zip Code 02109

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 : 47622669**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Grassley Committee, Inc.**

Mailing Address P.O. Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Charles E. Grassley**

Office Sought:  House  Senate  President  
State: IA District:

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 47653195**

Amount of Each Disbursement this Period

Contribution

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)..... ▶