

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) 1099 New York Avenue NW, Suite 500
 Check if different than previously reported. (ACC)
Washington DC 20001

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 04 01 2009 through 04 30 2009

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 05 20 2009

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

Office Use Only									
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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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		198577.79
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	203475.29									
(c) Total Receipts (from Line 19)	12020.00	38932.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	215495.29	237510.29								
7. Total Disbursements (from Line 31)	3000.00	25015.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	212495.29	212495.29								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	10650.00	24150.00
(i) Itemized (use Schedule A)	1370.00	14782.50
(ii) Unitemized	12020.00	38932.50
(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)	12020.00	38932.50
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))	12020.00	38932.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12020.00	38932.50

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) 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.....	0.00	15.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	15.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	25000.00
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	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	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))..	3000.00	25015.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	25015.00

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	12020.00	38932.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12020.00	38932.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	15.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	15.00

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

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

FOR LINE NUMBER: PAGE 6 / 26
(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. Full Name (Last, First, Middle Initial)
MR. RALPH E. CANNON

Mailing Address 1255 ROSELLAS WAY

City ALMA State AR Zip Code 72921

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

Name of Employer: GGNSC Admin Svcs LLC Occupation: VP ORG DEVLPMT & EFF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 04 / 30 / 2009

Transaction ID: PR1360891316977

Amount of Each Receipt this Period: 150.00

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

B. Full Name (Last, First, Middle Initial)
MS. MELINDA N. COLEY

Mailing Address 1230 SPRUCE LANE

City CHESAPEAKE State VA Zip Code 23320

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 ▼ 450.00

Date of Receipt: 04 / 30 / 2009

Transaction ID: PR1442839216977

Amount of Each Receipt this Period: 150.00

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

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

Mailing Address 361 RADEBAUGH DR

City LONGWOOD State FL Zip Code 32779

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 ▼ 450.00

Date of Receipt: 04 / 30 / 2009

Transaction ID: PR1442914216977

Amount of Each Receipt this Period: 150.00

P/R Deduction (\$50.00 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 7 / 26
	<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.	Full Name (Last, First, Middle Initial) MS. MELISSA S. BENTLEY	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address P.O. BOX 276	Transaction ID: PR768706816977
	City State Zip Code GARRISON KY 41141-0276	Amount of Each Receipt this Period 112.50
	FEC ID number of contributing federal political committee. C	
Name of Employer GOLDEN LIVINGCENTER - VAN-CEBURG	Occupation Director Operations	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 ▼ 337.50	

B.	Full Name (Last, First, Middle Initial) MRS. DIXIE L. WILDE	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 2805 S THEODORE AVE	Transaction ID: PR768719716977
	City State Zip Code SIOUX FALLS SD 57106	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GOLDEN LIVING CTR DISTRICT 14	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 ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) MRS. PATRICIA A. CRANSTON	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 20076 EAST 1100 ROAD	Transaction ID: PR768734516977
	City State Zip Code PLEASANTON KS 66075	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GOLDEN LIVINGCENTER - PIT-TSBURG	Occupation EXECUTIVE DIRECTOR	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 ▼ 337.50	

SUBTOTAL of Receipts This Page (optional)	337.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26
(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. Full Name (Last, First, Middle Initial)
MR. MICHAEL S. EWING

Mailing Address 2539 CHARDONNAY DR

City State Zip Code
MACUNGIE PA 18062

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

Name of Employer Golden Horizons Occupation DIR OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768743916977

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
MR. THOMAS R. MARSH

Mailing Address 8812 COPPER OAKS

City State Zip Code
FORT SMITH AR 72903

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

Name of Employer Golden Horizons Occupation DIR SR INTERNAL INVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768744916977

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
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 Golden Horizons Occupation COUNSEL GEN LABOR&EM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768745116977

Amount of Each Receipt this Period
150.00

P/R Deduction (\$50.00 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 9 / 26
	<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.	Full Name (Last, First, Middle Initial) MS. DEBRA J. PIERCE	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 6510 FIELDCREST DR	Transaction ID: PR768745516977
	City State Zip Code FORT SMITH AR 72916	Amount of Each Receipt this Period 112.50
	FEC ID number of contributing federal political committee. C	
Name of Employer Golden Horizons	Occupation ASSOCIATE GEN COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.50	P/R Deduction (\$37.50 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MR. STACEY P. ROGERS	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 5205 ROSEWOOD CIR	Transaction ID: PR768747016977
	City State Zip Code FORT SMITH AR 72903	Amount of Each Receipt this Period 112.50
	FEC ID number of contributing federal political committee. C	
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 ▼ 337.50	P/R Deduction (\$37.50 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MR. HAROLD A. PRICE	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 1960 E 900 S	Transaction ID: PR768747216977
	City State Zip Code SALT LAKE CITY UT 84108	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Golden Horizons	Occupation SVP SALES AND MARKET	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	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 10 / 26
(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.

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 ▼
1350.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: PR768748616977

Amount of Each Receipt this Period
450.00

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

B.

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 ▼
1350.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: PR768748716977

Amount of Each Receipt this Period
450.00

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

C.

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 ▼
337.50

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: PR768749616977

Amount of Each Receipt this Period
112.50

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

SUBTOTAL of Receipts This Page (optional) ► **1012.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26
(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.

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 Occupation
GGNSC Division Overhead DIVISION PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768750416977

Amount of Each Receipt this Period
300.00

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

B.

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 Occupation
Golden Horizons VP FINANCE OPERATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768750616977

Amount of Each Receipt this Period
450.00

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

C.

Full Name (Last, First, Middle Initial)
MRS. LAURIE G. HOOKS

Mailing Address 3200 EAGLE DRIVE

City State Zip Code
GREENWOOD AR 72936

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

Name of Employer Occupation
GGNSC CLINICAL SERVICES DIR SR CLINICAL QUAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768750916977

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26
(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. Full Name (Last, First, Middle Initial)
MRS. REBECCA B. BODIE
 Mailing Address 7055 WEYBRIDGE DR
 City State Zip Code
 CUMMING GA 30040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GGNSC HOLDINGS LLC DIR OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00
 Date of Receipt: 04 / 30 / 2009
Transaction ID: PR768751216977
 Amount of Each Receipt this Period: 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MS. MICHELE L. SELF
 Mailing Address 5945 EVANSTON AVE
 City State Zip Code
 INDIANAPOLIS IN 46220
 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 ▼ 450.00
 Date of Receipt: 04 / 30 / 2009
Transaction ID: PR768751516977
 Amount of Each Receipt this Period: 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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 ▼ 337.50
 Date of Receipt: 04 / 30 / 2009
Transaction ID: PR768751816977
 Amount of Each Receipt this Period: 112.50
 P/R Deduction (\$37.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **412.50**
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 / 26
(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. 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 GOLDEN LIVING CTR IT BUS SOLUTIONS Occupation DIR APPLICATION SERV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768752816977

Amount of Each Receipt this Period 150.00

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

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH R. ASHLEY

Mailing Address P. O. BOX 10704

City State Zip Code
FORT SMITH AR 72903

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

Name of Employer GGNSC - IT TECH SERVICES Occupation DIR IT DATA SECURITY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 337.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768753216977

Amount of Each Receipt this Period 112.50

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

C. Full Name (Last, First, Middle Initial)
MR. FRED J. MEYERRIECKS

Mailing Address 8900 ROYAL RIDGE DR

City State Zip Code
FORT SMITH AR 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 ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768753316977

Amount of Each Receipt this Period 150.00

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

SUBTOTAL of Receipts This Page (optional) ► **412.50**

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

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

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

FOR LINE NUMBER: PAGE 14 / 26
(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. Full Name (Last, First, Middle Initial)
MR. JEFFREY P. BOLING

Mailing Address 8412 DANBRIDGE WAY

City WESTERVILLE State OH Zip Code 43082

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

Name of Employer GOLDEN LIVING CTR ASERACA-RE OPERATIONS Occupation VP OF BUSINESS DEVEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2009
Transaction ID: PR768761116977
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MRS. CINDY H. SUSIENKA

Mailing Address 1201 S.WATERVILLE RD

City OCONOMOWOC State WI Zip Code 53066

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

Name of Employer GGNSC AEGIS/HOMECARE SVCS REG OFFICE Occupation CEO GOLDEN INNOVATIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 04 / 30 / 2009
Transaction ID: PR768761316977
 Amount of Each Receipt this Period 450.00
 P/R Deduction (\$150.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MS. ELIZABETH A. GRIMA

Mailing Address 6807HIGHLAND PARK DR

City FORT SMITH State AR Zip Code 72916

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

Name of Employer GGNSC AEGIS/ASERA HR/SALES SVCS Occupation SVP HR SERVICES COS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2009
Transaction ID: PR768761516977
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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 15 / 26
	<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.	Full Name (Last, First, Middle Initial) MR. JASON D. HARMS	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 1708 WOODWIND WAY	Transaction ID: PR768761616977
	City State Zip Code VAN BUREN AR 72956	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 450.00	P/R Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MRS. SUSAN E. ALMON MATANGOS	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 100 WINDSOR DR	Transaction ID: PR768762016977
	City State Zip Code EPHRATA PA 17522	Amount of Each Receipt this Period 112.50
	FEC ID number of contributing federal political committee. C	
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 ▼ 337.50	P/R Deduction (\$37.50 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MR. WILLIAM P. GOULDING	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 5901 SOUTH 76TH ST	Transaction ID: PR768762216977
	City State Zip Code GREENDALE WI 53129	Amount of Each Receipt this Period 112.50
	FEC ID number of contributing federal political committee. C	
Name of Employer GOLDEN LIVING CTR AEGIS ANCILLARY SERV	Occupation DIR NATIONAL OUTCOME	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.50	P/R Deduction (\$37.50 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 16 / 26
(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. 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 ▼ 450.00

Date of Receipt: 04 / 30 / 2009
Transaction ID: PR768763016977
 Amount of Each Receipt this Period: 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 613 MORNINGSTAR LANE

City State Zip Code
MADISON WI 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 ▼ 1350.00

Date of Receipt: 04 / 30 / 2009
Transaction ID: PR768763116977
 Amount of Each Receipt this Period: 450.00
 P/R Deduction (\$150.00 Bi-Weekly)

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

Mailing Address 236 KENSINGTON LANE

City State Zip Code
ALABASTER AL 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 ▼ 450.00

Date of Receipt: 04 / 30 / 2009
Transaction ID: PR768763516977
 Amount of Each Receipt this Period: 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 26
	<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.	Full Name (Last, First, Middle Initial) MR. DONALD B. BIGGS	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 102 MAPLE ST	Transaction ID: PR768763616977
	City State Zip Code SEWARD NE 68434	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Golden Horizons	Occupation REGIONAL VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) MRS. ALICIA A. TAYLOR	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 6746 NORTHFIELD DR	Transaction ID: PR768764416977
	City State Zip Code EVANSVILLE IN 47711	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	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 ▼ 337.50	

C.	Full Name (Last, First, Middle Initial) MR. DON G. GRIFFIN	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 4 HAVEN HILL CIRCLE	Transaction ID: PR768766916977
	City State Zip Code FORT SMITH AR 72901	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer GOLDEN LIVING CTR IT TECH SERVICES	Occupation DIR IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	300.00
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 18 / 26
	(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"/> 15
<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.	Full Name (Last, First, Middle Initial) MRS. VERA J. GILES		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 5705 SHROPSHIRE CT		Transaction ID: PR768767716977
	City ALEXANDRIA	State VA	Zip Code 22315
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 112.50
	Name of Employer GOLDEN LIVING CTR AEGIS 8410	Occupation DISTRICT MANAGER	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 ▼ 337.50		

B.	Full Name (Last, First, Middle Initial) MS. KENDALL L. TROUTMAN		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 107 KENWAY LOOP		Transaction ID: PR768768716977
	City MOORESVILLE	State NC	Zip Code 28117
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer GOLDEN LIVING CTR AEGIS 8208	Occupation DIR AREA	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 ▼ 337.50		

C.	Full Name (Last, First, Middle Initial) MS. DENISE F. CURRY		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 503 VILSACK RD		Transaction ID: PR768772916977
	City GLENSHAW	State PA	Zip Code 15116
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer GOLDEN LIVING CTR DISTRICT 10	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 ▼ 450.00		

SUBTOTAL of Receipts This Page (optional)	337.50
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 19 / 26
	<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.	Full Name (Last, First, Middle Initial) MR. MARTY D. DAVIS		Date of Receipt
	Mailing Address 10755 QUAAL ROAD		<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 04 / 30 / 2009
	City	State	Zip Code
	BLACK HAWK	SD	57718
	FEC ID number of contributing federal political committee. C		Transaction ID: PR768773216977
Name of Employer GOLDEN LIVING CTR DISTRICT 13		Occupation DIR SR OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 337.50	112.50
			P/R Deduction (\$37.50 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MRS. LESLIE C. CAMPBELL		Date of Receipt
	Mailing Address 358 QUAIL CREEK ROAD		<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 04 / 30 / 2009
	City	State	Zip Code
	HOT SPRING	AR	71901
	FEC ID number of contributing federal political committee. C		Transaction ID: PR768773616977
Name of Employer GOLDEN LIVING CTR DISTRICT 21		Occupation VP OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	150.00
			P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MR. PAXTON L. WIFFLER		Date of Receipt
	Mailing Address 4130 WINDSONG CIRCLE		<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 04 / 30 / 2009
	City	State	Zip Code
	PRIOR LAKE	MN	55372
	FEC ID number of contributing federal political committee. C		Transaction ID: PR768773716977
Name of Employer GOLDEN LIVING CTR DISTRICT 18		Occupation VP OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	150.00
			P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	412.50
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 / 26
(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. Full Name (Last, First, Middle Initial)
MRS. MAUREEN P. ROBERTS

Mailing Address 5044 BIG CANYON LANE

City State Zip Code
FAIR OAKS CA 95628

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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768775316977

Amount of Each Receipt this Period 150.00

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

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

Mailing Address 33 WOODVILLE AVE

City State Zip Code
MILTON MA 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 ▼ 337.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768776016977

Amount of Each Receipt this Period 112.50

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

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

Mailing Address P O BOX 141

City State Zip Code
MARS PA 16046-0141

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 ▼ 337.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768776516977

Amount of Each Receipt this Period 112.50

P/R Deduction (\$37.50 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 21 / 26
(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. Full Name (Last, First, Middle Initial)
MS. CINDY V. KREIDER
 Mailing Address 2999 STATE ROUTE 304
 City State Zip Code
 WINFIELD PA 17889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GGNSC CLINICAL SERVICES-D-IV 03 VP CLINICAL SERV
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9
Transaction ID: PR768776616977
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MS. PAMELA J. HANSEN
 Mailing Address 2690 WOODHILL CT.
 City State Zip Code
 BROOKFIELD WI 53005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Golden Living Center Region 04 VP HR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 337.50
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9
Transaction ID: PR768777116977
 Amount of Each Receipt this Period
 112.50
 P/R Deduction (\$37.50 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MS. GAIL GEISENHOFF
 Mailing Address 2072 HIGHWOOD
 City State Zip Code
 ST. PAUL MN 55119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GGNSC CLINICAL SERVICES-D-IV 04 VP CLINICAL SERV
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9
Transaction ID: PR768777216977
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **412.50**
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 22 / 26
(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. Full Name (Last, First, Middle Initial)
MS. MARY E. HAWKINS

Mailing Address 18240 ASTOR DRIVE
APT 102

City State Zip Code
BROOKFIELD WI 53045

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

Name of Employer Occupation
GGNSC CBO - MILWAUKEE DIR REG BUS OFFICE O

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768777316977

Amount of Each Receipt this Period
150.00

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

B. 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 ▼ 337.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768777616977

Amount of Each Receipt this Period
112.50

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

C. 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 ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768778516977

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **562.50**

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 / 26
(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. 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 GOLDEN LIVING CTR CERES STRATEGIES
Occupation VP CLINICAL SPEND MG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768778616977

Amount of Each Receipt this Period 150.00

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

B. 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 ▼ 1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768785816977

Amount of Each Receipt this Period 450.00

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

C. 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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768786216977

Amount of Each Receipt this Period 150.00

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

SUBTOTAL of Receipts This Page (optional) ► 750.00

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 / 26
(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. 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 ▼ 337.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768789816977

Amount of Each Receipt this Period 75.00

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

B. Full Name (Last, First, Middle Initial)
MS. CYNTHIA L. KASSON

Mailing Address 8162 JEWEL LANE N

City State Zip Code
MAPLE GROVE MN 55311

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

Name of Employer GOLDEN LIVING CTR AEGIS-W- ISCONSIN Occupation VP REGIONAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768791816977

Amount of Each Receipt this Period 150.00

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

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN ALBRECHT

Mailing Address 578 N AUDUBON RD

City State Zip Code
INDIANAPOLIS IN 46219-5835

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

Name of Employer Golden Living Occupation Regional Director of Govt. Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768808816977

Amount of Each Receipt this Period 150.00

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 25 / 26
(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.

Full Name (Last, First, Middle Initial)
MS. NANCY L. HUBLAR

Mailing Address 10511 BUCKEYE TRACE

City State Zip Code
GOSHEN KY 40026

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

Name of Employer Golden Horizons Occupation DIR REG GOVERNMENT R

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768809016977

Amount of Each Receipt this Period
150.00

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

B.

Full Name (Last, First, Middle Initial)
MR. PAUL D. WORTHEN

Mailing Address PO BOX 1214

City State Zip Code
HIXSON TN 37343

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

Name of Employer Golden Horizons Occupation CHIEF PRIVACY OFFICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR768811216977

Amount of Each Receipt this Period
450.00

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

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	10650.00

**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

A. 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 Void - Check dated 06/23/2008 Candidate Name LINC PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29474345 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period -2000.00 <hr/> Void - Check dated 06/23/-2008
B. Full Name (Last, First, Middle Initial) Blue Dog PAC <hr/> Mailing Address 6849 Old Dominion Drive <hr/> City McLean State VA Zip Code 22101 <hr/> Purpose of Disbursement Contribution Candidate Name Blue Dog PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29833951 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 <hr/> Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	3000.00