

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 (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jack MacDonald

Signature of Treasurer Electronically Filed by Jack MacDonald Date 07 16 2010

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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		199247.91
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	208552.91									
(c) Total Receipts (from Line 19)	7475.00	49780.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	216027.91	249027.91								
7. Total Disbursements (from Line 31)	6500.00	39500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	209527.91	209527.91								
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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	6595.00	34972.50
(ii) Unitemized	880.00	14807.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7475.00	49780.00
(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)	7475.00	49780.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7475.00	49780.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7475.00	49780.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	39500.00
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))..	6500.00	39500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6500.00	39500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	7475.00	49780.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7475.00	49780.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

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)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
MR. RALPH E. CANNON

Mailing Address 1255 ROSELLAS WAY

City State Zip Code
ALMA AR 72921

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

Name of Employer Occupation
GGNSC Admin Svcs LLC VP HR

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR1360891319618

Amount of Each Receipt this Period
100.00

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

B.

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

Mailing Address 1230 SPRUCE LANE

City State Zip Code
CHESAPEAKE VA 23320

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

Name of Employer Occupation
GGNSC Holdings LLC VP FINANCIAL OPERATI

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR1442839219618

Amount of Each Receipt this Period
100.00

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

C.

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

Mailing Address 361 RADEBAUGH DR

City State Zip Code
LONGWOOD FL 32779

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

Name of Employer Occupation
GGNSC Holdings LLC Florida Regional VP REGIONAL

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR1442914219618

Amount of Each Receipt this Period
100.00

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

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 7 / 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. NEIL M. KURTZ

Mailing Address 12035 BASIN STREET NORTH

City Wellington State FL Zip Code 33414

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 ▼ 1800.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR1757433019618

Amount of Each Receipt this Period 300.00

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

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

Mailing Address P.O. BOX 276

City GARRISON State KY Zip Code 41141

FEC ID number of contributing federal political committee. C

Name of Employer GOLDEN LIVINGCENTER - VAN-CEBURG Occupation ED SR

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR768706819618

Amount of Each Receipt this Period 75.00

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

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

Mailing Address 405 SAGEHORN DRIVE

City HARTFORD State SD Zip Code 57033

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 ▼ 650.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR768719719618

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) 475.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 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) MRS. PATRICIA A. GRANSTON	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 3005 OAKVIEW DRIVE	Transaction ID: PR768734519618
	City State Zip Code PITTSBURG KS 66762	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GOLDEN LIVINGCENTER - PITTSBURG	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 ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) MR. MICHAEL S. EWING	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2539 CHARDONNAY DR	Transaction ID: PR768743919618
	City State Zip Code MACUNGIE PA 18062	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer DISTRICT 24 OVERHEAD LEDGER - A	Occupation DIR SR OPERATIONS	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MR. THOMAS R. MARSH	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 8812 COPPER OAKS	Transaction ID: PR768744919618
	City State Zip Code FORT SMITH AR 72903	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Golden Horizons	Occupation DIR SR INTERNAL INVE	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	275.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 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

<p>A. Full Name (Last, First, Middle Initial) MR. KEITH R. JEWELL</p> <p>Mailing Address 2626PEACHTREEROAD NW RES # 803</p> <p>City ATLANTA State GA Zip Code 30305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Golden Horizons Occupation COUNSEL GEN LABOR&EM</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: PR768745119618</p> <p>Amount of Each Receipt this Period 100.00</p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) MS. DEBRA J. PIERCE</p> <p>Mailing Address 6510 FIELDCREST DR</p> <p>City FORT SMITH State AR Zip Code 72916</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Golden Horizons Occupation VP COMPLIANCE-ASOC G</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 487.50</p>	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: PR768745519618</p> <p>Amount of Each Receipt this Period 75.00</p> <p>P/R Deduction (\$37.50 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) MR. STACEY P. ROGERS</p> <p>Mailing Address 5205 ROSEWOOD CIR</p> <p>City FORT SMITH State AR Zip Code 72903</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Golden Horizons Occupation VP FINANCIAL PLANNIN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 487.50</p>	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: PR768747019618</p> <p>Amount of Each Receipt this Period 75.00</p> <p>P/R Deduction (\$37.50 Bi-Weekly)</p>
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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 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. HAROLD A. PRICE

Mailing Address 302 HARBOUR PLACE DRIVE #3119

City State Zip Code
TAMPA FL 33602

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

Name of Employer Occupation
Golden Horizons SVP SALES AND MARKET

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR768747219618

Amount of Each Receipt this Period

150.00

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

B.

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

Mailing Address 22 CHEVIOT LANE

City State Zip Code
BELLA VISTA AR 72715

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

Name of Employer Occupation
GGNSC RECRUITING - CORPORATE OFFICE SVP GOVERNMENT RELAT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1950.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR768748619618

Amount of Each Receipt this Period

300.00

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

C.

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

Mailing Address 9644 GEORGETOWN PIKE

City State Zip Code
GREAT FALLS VA 22066

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

Name of Employer Occupation
GGNSC HOLDINGS LLC SVP PUBLIC AFFAIRS A

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1950.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR768748719618

Amount of Each Receipt this Period

300.00

P/R Deduction (\$150.00 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 11 / 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. DAVID M. MILLS	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 9939 ALVARADO LN N	Transaction ID: PR768750419618
	City State Zip Code MAPLE GROVE MN 55311	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
	Name of Employer Occupation GGNSC Division Overhead DIVISION PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

B.	Full Name (Last, First, Middle Initial) MR. KEVIN M. ROBERTS	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2304 DUNDEE DRIVE	Transaction ID: PR768750619618
	City State Zip Code FORT SMITH AR 72908	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.00 Bi-Weekly)
	Name of Employer Occupation Golden Horizons SVP LIVING CENTERS F	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

C.	Full Name (Last, First, Middle Initial) MRS. REBECCA B. BODIE	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 7055 WEYBRIDGE DR	Transaction ID: PR768751219618
	City State Zip Code CUMMING GA 30040	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Occupation GGNSC HOLDINGS LLC VP OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	600.00
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 12 / 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) MS. MICHELE L. SELF	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 5945 EVANSTON AVE	Transaction ID: PR768751519618
	City State Zip Code INDIANAPOLIS IN 46220	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Golden Horizons Occupation VP CLINICAL REIMBURS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MS. MARY BETH C. NEWELL	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 998 SUMMER PLACE	Transaction ID: PR768751819618
	City State Zip Code PITTSBURGH PA 15243	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Golden Horizons Occupation VP CLINICAL REIMBURS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 487.50	P/R Deduction (\$37.50 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MRS. VERONA F. DRENCKPOHL	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1101 SUNNY HILL PL	Transaction ID: PR768752819618
	City State Zip Code HACKETT AR 72937	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer GOLDEN LIVING CTR IT BUS SOLUTIONS Occupation DIR APPLICATION SERV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	275.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: 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)
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 Occupation
GGNSC - IT TECH SERVICES DIR IT DATA SECURITY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR768753219618

Amount of Each Receipt this Period
75.00

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

B. 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 Occupation
GOLDEN LIVING CTR CORPORATE MIS DIR IT CONTROLS & CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR768753319618

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
MR. JEFFREY P. BOLING

Mailing Address 8412 DANBRIDGE WAY

City State Zip Code
WESTERVILLE OH 43082

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

Name of Employer Occupation
GOLDEN LIVING CTR ASERACARE OPERATIONS VP OF BUSINESS DEVEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR768761119618

Amount of Each Receipt this Period
100.00

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

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

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

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

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

FOR LINE NUMBER: 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)
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 SERVICE BUSINESS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR768761319618
 Amount of Each Receipt this Period: 300.00
 P/R Deduction (\$150.00 Bi-Weekly)

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

Mailing Address 6807 HIGHLAND 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 ▼ 650.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR768761519618
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MR. JASON D. HARMS

Mailing Address 1107 WINTER PARK DR

City VAN BUREN State AR Zip Code 72956

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

Name of Employer: GGNSC AC'H (ADMIN SERVICE-S)
Occupation: VP OF FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR768761619618
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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 / 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)
MRS. SUSAN E. ALMON MATANGOS

Mailing Address 100 WINDSOR DR

City State Zip Code
EPHRATA PA 17522

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

Name of Employer Occupation
GGNSC - AEGIS ANCILLARY DIRECTOR OF CLINICAL
SERVICES

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR768762019618

Amount of Each Receipt this Period

75.00

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

B.

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

Mailing Address 5901 SOUTH 76TH ST

City State Zip Code
GREENDALE WI 53129

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

Name of Employer Occupation
GOLDEN LIVING CTR AEGIS DIR NATIONAL OUTCOME
ANCILLARY SERV

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR768762219618

Amount of Each Receipt this Period

75.00

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

C.

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

Mailing Address 414 CASTLESTONE LANE

City State Zip Code
MATTHEWS NC 28104

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR768763019618

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 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)
MRS. MARTHA J. SCHRAM

Mailing Address 613 MORNINGSTAR LANE

City MADISON State WI Zip Code 53704

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

Name of Employer: GGNSC REHAB CONSULTING ST-AFFING
Occupation: PRESIDENT AEGIS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR768763119618
 Amount of Each Receipt this Period: 300.00
 P/R Deduction (\$150.00 Bi-Weekly)

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

Mailing Address 236 KENSINGTON LANE

City ALABASTER State AL Zip Code 35007

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

Name of Employer: GOLDEN LIVING CTR AEGIS 8200
Occupation: DIR OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR768763519618
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 102 MAPLE ST

City SEWARD State NE Zip Code 68434

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

Name of Employer: Golden Horizons
Occupation: REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR768763619618
 Amount of Each Receipt this Period: 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 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) MRS. ALICIA A. TAYLOR		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 6746 NORTHFIELD DR		Transaction ID: PR768764419618
	City EVANSVILLE	State IN	Zip Code 47711
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer GOLDEN LIVING CTR AEGIS 8328	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 ▼ 450.00		

B.	Full Name (Last, First, Middle Initial) MR. DON G. GRIFFIN		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 4 HAVEN HILL CIRCLE		Transaction ID: PR768766919618
	City FORT SMITH	State AR	Zip Code 72901
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer GOLDEN LIVING CTR IT TECH SERVICES	Occupation DIR IT	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

C.	Full Name (Last, First, Middle Initial) MS. VERA J. GILES		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 5705 SHROPSHIRE CT		Transaction ID: PR768767719618
	City ALEXANDRIA	State VA	Zip Code 22315
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	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 ▼ 487.50		

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 18 / 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. KENDALL L. TROUTMAN

Mailing Address 107 KENWAY LOOP

City MOORESVILLE State NC Zip Code 28117

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

Name of Employer GOLDEN LIVING CTR AEGIS 8208 Occupation DIR AREA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR768768719618
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$37.50 Bi-Weekly)

B.

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

Mailing Address 7905 E. OAKMONT PL.

City SIOUX FALLS State SD Zip Code 57110

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

Name of Employer Golden Horizons Occupation DISTRICT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR768770619618
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C.

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

Mailing Address 503 VILSACK RD

City GLENSHAW State PA Zip Code 15116

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

Name of Employer DISTRICT 23 OVERHEAD LEDGER - A Occupation VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR768772919618
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 215.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

Mailing Address 10755 QUAAL ROAD

City State Zip Code
BLACK HAWK SD 57718

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR768773219618

Amount of Each Receipt this Period
75.00

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

B.

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

Mailing Address 358 QUAIL CREEK ROAD

City State Zip Code
HOT SPRING AR 71901

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

Name of Employer GOLDEN LIVING CTR DISTRICT 21
Occupation DIVISION PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR768773619618

Amount of Each Receipt this Period
100.00

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

C.

Full Name (Last, First, Middle Initial)
MR. PAXTON L. WIFFLER

Mailing Address 4130 WINDSONG CIRCLE

City State Zip Code
PRIOR LAKE MN 55372

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

Name of Employer GOLDEN LIVING CTR DISTRICT 18
Occupation VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR768773719618

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 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)
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 Occupation
GOLDEN LIVING CTR REGION 1 COASTAL VP FINANCIAL OPERATI

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR768775319618

Amount of Each Receipt this Period

100.00

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

B.

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

Mailing Address P O BOX 141

City State Zip Code
MARS PA 16046

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

Name of Employer Occupation
Golden Living Center VP FINANCIAL OPERATI

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR768776519618

Amount of Each Receipt this Period

75.00

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

C.

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

Mailing Address 2999 STATE ROUTE 304

City 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) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR768776619618

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 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

<p>A. Full Name (Last, First, Middle Initial) MS. PAMELA J. HANSEN</p> <p>Mailing Address 2690 WOODHILL CT.</p> <hr/> <p>City State Zip Code BROOKFIELD WI 53005</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name of Employer Golden Living Center Region 04</td> <td>Occupation VP HR</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 487.50</td> </tr> </table>	Name of Employer Golden Living Center Region 04	Occupation VP HR	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: PR768777119618</p> <hr/> <p>Amount of Each Receipt this Period 75.00</p> <hr/> <p>P/R Deduction (\$37.50 Bi-Weekly)</p>
Name of Employer Golden Living Center Region 04	Occupation VP HR				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50				

<p>B. Full Name (Last, First, Middle Initial) MS. GAIL GEISENHOF</p> <p>Mailing Address 2072 HIGHWOOD</p> <hr/> <p>City State Zip Code ST. PAUL MN 55119</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name of Employer GGNSC CLINICAL SERVICES-D-IV 04</td> <td>Occupation VP CLINICAL SERV</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 650.00</td> </tr> </table>	Name of Employer GGNSC CLINICAL SERVICES-D-IV 04	Occupation VP CLINICAL SERV	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: PR768777219618</p> <hr/> <p>Amount of Each Receipt this Period 100.00</p> <hr/> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
Name of Employer GGNSC CLINICAL SERVICES-D-IV 04	Occupation VP CLINICAL SERV				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00				

<p>C. Full Name (Last, First, Middle Initial) MS. MARY E. HAWKINS</p> <p>Mailing Address 18240 ASTOR DRIVE APT 102</p> <hr/> <p>City State Zip Code BROOKFIELD WI 53045-5635</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name of Employer GGNSC CBO - MILWAUKEE</td> <td>Occupation DIR REG BUS OFFICE O</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 265.00</td> </tr> </table>	Name of Employer GGNSC CBO - MILWAUKEE	Occupation DIR REG BUS OFFICE O	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: PR768777319618</p> <hr/> <p>Amount of Each Receipt this Period 30.00</p> <hr/> <p>P/R Deduction (\$15.00 Bi-Weekly)</p>
Name of Employer GGNSC CBO - MILWAUKEE	Occupation DIR REG BUS OFFICE O				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00				

SUBTOTAL of Receipts This Page (optional)	205.00
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 22 / 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)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 487.50

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR768777619618

Amount of Each Receipt this Period
75.00

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

B.

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

Mailing Address 320 ST. JOHN'S GOLF

City State Zip Code
ST. AUGUSTINE FL 32092

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

Name of Employer Occupation
GGNSC Clinical Services SVP PROFESSIONAL SER

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

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR768778519618

Amount of Each Receipt this Period
200.00

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

C.

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

Mailing Address 1909 RANNOCH TRACE

City State Zip Code
FORT SMTIH AR 72908

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

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

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

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR768778619618

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 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. LAWRENCE DEANS	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 11 CHAMBERLAIN CT	Transaction ID: PR768785819618
	City State Zip Code THE WOODLANDS TX 77382	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Golden Horizons Occupation PRESIDENT GOLDEN LIV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1950.00	P/R Deduction (\$150.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MRS. JEAN A. LOGUE	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 36650 SOUTH DOGWOOD LANE	Transaction ID: PR768786219618
	City State Zip Code COOKSON OK 74427	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer GOLDEN LIVING CTR REGION 00 Occupation VP HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MS. CYNTHIA L. KASSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 8162 JEWEL LANE N	Transaction ID: PR768791819618
	City State Zip Code MAPLE GROVE MN 55311	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer GOLDEN LIVING CTR AEGIS-W-ISCONSIN Occupation VP OF SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	500.00
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)

<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
CORPORATE RECRUITING - A

Occupation
DIR REG GOVERNMENT R

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: PR768809019618

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	6595.00

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

<p>A. Full Name (Last, First, Middle Initial) Washington State Democratic Central Committee</p> <p>Mailing Address P.O. Box 4027</p> <p>City Seattle State WA Zip Code 98194</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35170966 Date of Disbursement 06 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Diane Black For Congress</p> <p>Mailing Address 819 Plantation Blvd</p> <p>City Gallatin State TN Zip Code 37066</p> <p>Purpose of Disbursement Contribution Candidate Name Ms. Diane Black</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35470266 Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Advance Arkansas Political Action Committee</p> <p>Mailing Address P.O. Box 344</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution Candidate Name Advance Arkansas Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35470267 Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 26

<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)
Bright For Congress

Transaction ID: 35470274

Date of Disbursement

Mailing Address P.O.Box 2106

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

City State Zip Code
Montgomery AL 36102

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Bobby Bright, Sr.

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AL District: 02

Contribution

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

6500.00