



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**GGNSC Holdings LLC/Golden Horizons Care PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="131682.91"/>	<input type="text" value="131682.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="131972.91"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4077.50"/>	<input type="text" value="46382.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="136050.41"/>	<input type="text" value="178065.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24500.00"/>	<input type="text" value="66515.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="111550.41"/>	<input type="text" value="111550.41"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**GGNSC Holdings LLC/Golden Horizons Care PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4022.50	39615.00
(ii) Unitemized .....	55.00	6767.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4077.50	46382.50
(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) .....	4077.50	46382.50
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4077.50	46382.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4077.50	46382.50

**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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	15.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	15.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	65500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24500.00	66515.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24500.00	66515.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4077.50	46382.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4077.50	46382.50
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: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. MR. JACK A. DIVETA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 361 RADEBAUGH DR  
 City LONGWOOD State FL Zip Code 32779-4526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GGNSC Holdings LLC Florida Regional Occupation REGIONAL VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : PR1442914244862**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. STACIE SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 Fianna Way  
 City Fort Smith State AR Zip Code 72919-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Living Center Occupation Director of Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : PR1538918544862**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. MS. ANGELA W. HOLLIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2820 MCKINNON ST. APT. 1077  
 City DALLAS State TX Zip Code 75201-1024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AseraCare Occupation PRESIDENT ASERACARE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : PR1607794644862**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	495.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 7160 NORTH DALLAS PKWAY  
 SUITE 400

City PLANO State TX Zip Code 75024-7111

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

Name of Employer Golden Living Center Occupation PRESIDENT AND CEO GO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 4050.00

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : PR1757433044862**

Amount of Each Receipt this Period  
 450.00

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

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

Mailing Address 2791 N Wakefield Street

City Arlington State VA Zip Code 22207-4130

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1350.00

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : PR2021684744862**

Amount of Each Receipt this Period  
 150.00

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

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

Mailing Address 2215 Cedar Springs

City Dallas State TX Zip Code 75201-1812

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

Name of Employer Golden Horizons Occupation SVP Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : PR2089913244862**

Amount of Each Receipt this Period  
 45.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 645.00

**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 8 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JOHN WILLIAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10504 TWEED LANE  
City FORT SMITH State AR Zip Code 72908-0941  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Golden Living Center Occupation SVP Facility Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 405.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : PR2194795144862**  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B. WILLIAM KROPP III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1012 S. Greenwood Av  
City Fort Smith State AR Zip Code 72901-4132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Golden Living Center Occupation Associate General Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 405.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : PR2195907744862**  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C. ROBIN BARTLETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8930 Valley Creek Dr.  
City Arlington State TN Zip Code 38002-4481  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Golden Living Occupation Nat'l Dir Public Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : PR2196545644862**  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 240.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2500 Calstone Drive

City Little Elm State TX Zip Code 75068-6908

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

Name of Employer Golden Living Occupation Consultant Public Relations 3

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR2198681444862**

Amount of Each Receipt this Period  
**45.00**

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

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

Mailing Address 8240 E FLAT BRANCH

City INDIANAPOLIS State IN Zip Code 46259-7714

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

Name of Employer Golden LivingCenters Occupation REGIONAL VICE PRES O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR768707944862**

Amount of Each Receipt this Period  
**45.00**

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

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

Mailing Address 37722 HWY 5

City GLASGOW State MO Zip Code 65254-2033

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

Name of Employer Golden Living Center Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR768709344862**

Amount of Each Receipt this Period  
**30.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8640 SE ADAMS

City WAKARUSA State KS Zip Code 66546-9716

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

Name of Employer GOLDEN LIVINGCENTER - ESKRIDGE Occupation ED SR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : PR768739644862**

Amount of Each Receipt this Period 30.00

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

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

Mailing Address 675 S SLED RUN

City SANTA CLAUS State IN Zip Code 47579-6217

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

Name of Employer LINCOLN HILLS NURSING HOME Occupation EXECUTIVE DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : PR768740344862**

Amount of Each Receipt this Period 30.00

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

**C. MRS. PATRICIA A. POWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 937 MAYS BRANCH RD

City VAN BUREN State AR Zip Code 72956-8477

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

Name of Employer Golden Horizons Occupation DIR SR HUMAN RESOURC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : PR768744044862**

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<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. MR. KEITH R. JEWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2626 PEACHTREE ROAD NW  
RES # 803

City ATLANTA State GA Zip Code 30305-5640

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

Name of Employer Golden Horizons Occupation SVP LEGAL & GENERAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
**12 / 31 / 2015**

**Transaction ID : PR768745144862**

Amount of Each Receipt this Period  
**75.00**

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

**B. MR. DAVID C. BECK**  
Full Name (Last, First, Middle Initial)

Mailing Address 5104 OAK TREE CIRCLE

City DALLAS State TX Zip Code 75287-7514

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

Name of Employer Golden Living Occupation EVP CHIEF LEGAL OFFI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
**12 / 31 / 2015**

**Transaction ID : PR768745844862**

Amount of Each Receipt this Period  
**75.00**

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

**C. MS. LISA O. SPEARS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2705 S 87TH DR

City FORT SMITH State AR Zip Code 72903-5273

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

Name of Employer Golden Horizons Occupation VP ENTER PROJ MGMT O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1012.50**

Date of Receipt  
**12 / 31 / 2015**

**Transaction ID : PR768746644862**

Amount of Each Receipt this Period  
**112.50**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>262.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. HAROLD A. PRICE</b>			Date of Receipt 12 / 31 / 2015 <b>Transaction ID : PR768747244862</b>
Mailing Address 12461 MONTEGO PLAZA			Amount of Each Receipt this Period 300.00
City DALLAS	State TX	Zip Code 75230-1723	P/R Deduction (\$150.00 Bi-Weekly)
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 ▼ 3900.00		

Full Name (Last, First, Middle Initial) <b>B. MRS. LORNA J. ELLIS</b>			Date of Receipt 12 / 31 / 2015 <b>Transaction ID : PR768752144862</b>
Mailing Address 332 MAHAN			Amount of Each Receipt this Period 45.00
City MEADOWLAKES	State TX	Zip Code 78654-7012	P/R Deduction (\$15.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer GGNSC - AseraCare	Occupation DIR BUSINESS OFFICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00		

Full Name (Last, First, Middle Initial) <b>C. MRS. VERONA F. DRENCKPOHL</b>			Date of Receipt 12 / 31 / 2015 <b>Transaction ID : PR768752844862</b>
Mailing Address 1101 SUNNY HILL PL			Amount of Each Receipt this Period 150.00
City HACKETT	State AR	Zip Code 72937-4435	P/R Deduction (\$50.00 Bi-Weekly)
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 ▼ 1350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	495.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
<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. MR. JASON D. HARMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1107 WINTER PARK DR

City VAN BUREN State AR Zip Code 72956-2155

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

Name of Employer GGNSC AC H (ADMIN SERVICES) Occupation VP FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : PR768761644862**

Amount of Each Receipt this Period 150.00

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

**B. MRS. SUSAN E. ALMON MATANGOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 WINDSOR DR

City EPHRATA State PA Zip Code 17522-2651

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

Name of Employer GGNSC - AEGIS ANCILLARY SERVICES Occupation CLINICAL SERVICES DI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1012.50

Date of Receipt 12 / 31 / 2015  
**Transaction ID : PR768762044862**

Amount of Each Receipt this Period 112.50

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

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

Mailing Address 5901 SOUTH 76TH ST

City GREENDALE State WI Zip Code 53129-2234

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1012.50

Date of Receipt 12 / 31 / 2015  
**Transaction ID : PR768762244862**

Amount of Each Receipt this Period 112.50

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MS. SANDRA CLIFTON PT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 CASTLESTONE LANE  
 City MATTHEWS State NC Zip Code 28104-7239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GGNSC SPECTRA - RMC NORTHEAST Occupation VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR768763044862**  
 Amount of Each Receipt this Period  
 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. MRS. MARTHA J. SCHRAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 SOUTHERN HILLS COURT  
 City FRISCO State TX Zip Code 75034-6803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GGNSC REHAB CONSULTING STAFFING Occupation PRESIDENT AEGIS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR768763144862**  
 Amount of Each Receipt this Period  
 450.00  
 P/R Deduction (\$150.00 Bi-Weekly)

**C. MR. DONALD B. BIGGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 MAPLE ST  
 City SEWARD State NE Zip Code 68434-2620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Horizons Occupation REGIONAL VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR768763644862**  
 Amount of Each Receipt this Period  
 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MRS. ALICIA A. TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 6746 NORTHFIELD DR

City EVANSVILLE State IN Zip Code 47711-1679

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

Name of Employer GOLDEN LIVING CTR AEGIS 8328 Occupation DISTRICT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR76876444862**

Amount of Each Receipt this Period  
**75.00**

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

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

Mailing Address 4 HAVEN HILL CIRCLE

City FORT SMITH State AR Zip Code 72901-6840

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR768766944862**

Amount of Each Receipt this Period  
**150.00**

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

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

Mailing Address 7905 E. OAKMONT PL.

City SIOUX FALLS State SD Zip Code 57110-7577

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 ▼ **540.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR768770644862**

Amount of Each Receipt this Period  
**60.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>285.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MRS. MAUREEN P. ROBERTS**

Mailing Address 5044 BIG CANYON LANE

City State Zip Code  
 FAIR OAKS CA 95628-4101

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

Name of Employer Occupation  
 GOLDEN LIVING CTR REGION 1 COASTAL VP FINANCIAL OPERATI

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : PR768775344862**

Amount of Each Receipt this Period  
 150.00

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

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

Mailing Address P.O. BOX 1171

City State Zip Code  
 MAPLE GROVE MN 55311-6171

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

Name of Employer Occupation  
 GOLDEN LIVING CTR AEGIS-WISCONSIN VP SALES

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : PR768791844862**

Amount of Each Receipt this Period  
 100.00

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

Full Name (Last, First, Middle Initial)  
**C. MR. GREGORY N. DAVIS**

Mailing Address 2233 MISTY CREEK TRL

City State Zip Code  
 STOCKBRIDGE GA 30281-9219

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

Name of Employer Occupation  
 Golden Living - GLENWOOD DIR OPERATIONS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : PR768796044862**

Amount of Each Receipt this Period  
 45.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.00

**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 17 OF 19  
(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)  
**JOHN HUGHES**

Mailing Address 1694 Carey Place

City Charleston State WV Zip Code 25314-2511

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

Name of Employer Golden Living Center - Riverside Occupation Dir Reg Environmental Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : PR768800844862**

Amount of Each Receipt this Period  
**45.00**

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

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>4022.50</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Majority Committee PAC--MC PAC**

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
Contribution

011

Candidate Name

**Majority Committee PAC--MC PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2015

**Transaction ID : 69091510**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Prosperity Action Inc.**

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 22314-2000

Purpose of Disbursement  
Contribution

011

Candidate Name

**Prosperity Action Inc.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2015

**Transaction ID : 69091553**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee (NRSC)**

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**National Republican Senatorial Committee (NRSC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2015

**Transaction ID : 69091554**

Amount of Each Disbursement this Period

7500.00

Contribution

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

17500.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. George Holding for Congress Inc.**

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. George E. Holding**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

**Transaction ID : 69091555**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. McKinley for Congress**

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. David B. McKinley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WV District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

**Transaction ID : 69091566**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Bob Casey for Senate Inc**

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Robert P. Casey Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

**Transaction ID : 69091567**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

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

7000.00
---------

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

24500.00
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