

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
ALMOST FAMILY INC PAC (AFAM PAC)

ADDRESS (number and street) 9510 ORMSBY STATION ROAD SUITE 300
Check if different than previously reported. (ACC) LOUISVILLE KY 40223

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00460253 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

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 C. Steven Guentner

Signature of Treasurer C. Steven Guentner [Electronically Filed] Date 10 / 14 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ALMOST FAMILY INC PAC (AFAM 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="2014"/>		52458.95
(b) Cash on Hand at Beginning of Reporting Period.....	67654.05	
(c) Total Receipts (from Line 19)	5423.61	25618.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	73077.66	78077.66
7. Total Disbursements (from Line 31).....	5000.00	10000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68077.66	68077.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ALMOST FAMILY INC PAC (AFAM 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).....	4374.76	17912.81
(ii) Unitemized	522.72	628.43
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4897.48	18541.24
(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)	4897.48	18541.24
12. Transfers From Affiliated/Other Party Committees.....	526.13	7077.47
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))..... ▶	5423.61	25618.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5423.61	25618.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	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.....	2500.00	5000.00
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	2500.00	5000.00
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)) ..	5000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	10000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4897.48	18541.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4897.48	18541.24
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: (check only one)	PAGE 6 OF 10
<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)
ALMOST FAMILY INC PAC (AFAM PAC)

A. C. Steven Guenthner
 Full Name (Last, First, Middle Initial)
 Mailing Address 9510 Ormsby Station Road
 Suite 300
 City Louisville State KY Zip Code 40223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Almost Family, Inc. Occupation: President & CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3749.85**

Date of Receipt: 09 / 30 / 2014
Transaction ID : SA11AI.4539
 Amount of Each Receipt this Period: 1249.95
 Weekly payroll deduction - \$96.15

B. Steven Kraus
 Full Name (Last, First, Middle Initial)
 Mailing Address 9510 Ormsby Station Road
 City Louisville State KY Zip Code 40223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Almost Family, Inc. Occupation: Director of Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.18**

Date of Receipt: 09 / 30 / 2014
Transaction ID : SA11AI.4544
 Amount of Each Receipt this Period: 124.93
 Weekly payroll deduction - \$9.61

C. Anne Leichty
 Full Name (Last, First, Middle Initial)
 Mailing Address 9510 Ormsby Station Road
 Suite 300
 City Louisville State KY Zip Code 40223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Almost Family, Inc. Occupation: Regional SVP Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **749.97**

Date of Receipt: 09 / 30 / 2014
Transaction ID : SA11AI.4540
 Amount of Each Receipt this Period: 249.99
 Weekly payroll deduction - \$19.23

SUBTOTAL of Receipts This Page (optional).....	1624.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ALMOST FAMILY INC PAC (AFAM PAC)

Full Name (Last, First, Middle Initial) A. Todd Lyles		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4542
Mailing Address 9510 Ormsby Station Rd. Ste. 300		Amount of Each Receipt this Period 1249.95
City Louisville	State KY	Zip Code 40223
FEC ID number of contributing federal political committee. C	Weekly payroll deduction - \$96.15	
Name of Employer Almost Family	Occupation SVP Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2596.05	

Full Name (Last, First, Middle Initial) B. Steve Rapp		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4543
Mailing Address 9510 Ormsby Station Road		Amount of Each Receipt this Period 249.99
City Louisville	State KY	Zip Code 40223
FEC ID number of contributing federal political committee. C	Weekly payroll deduction - \$19.23	
Name of Employer Almost Family, Inc.	Occupation Corporate Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

Full Name (Last, First, Middle Initial) C. Daniel Schwartz		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4545
Mailing Address 9510 Ormsby Station Rd		Amount of Each Receipt this Period 1249.95
City Louisville	State KY	Zip Code 40223
FEC ID number of contributing federal political committee. C	Weekly payroll deduction - \$96.15	
Name of Employer Almost Family, Inc.	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.70	

SUBTOTAL of Receipts This Page (optional).....▶	2749.89
TOTAL This Period (last page this line number only).....▶	4374.76

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 10
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
ALMOST FAMILY INC PAC (AFAM PAC)

Full Name (Last, First, Middle Initial) A. SUNCREST HEALTHCARE INC PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2014
Mailing Address 510 HOSPITAL DRIVE SUITE 100		Transaction ID : SA12.4586
City MADISON	State TN	Zip Code 37115
FEC ID number of contributing federal political committee. C C00521112		Amount of Each Receipt this Period 526.13
Name of Employer	Occupation	Political contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7077.47	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	526.13
TOTAL This Period (last page this line number only).....▶	526.13

**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)
ALMOST FAMILY INC PAC (AFAM PAC)

A. BRALEY FOR IOWA

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 856

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement Political contribution

Candidate Name **BRUCE L BRALEY**

Office Sought: House Senate President
State: IA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement: 09 / 17 / 2014

Transaction ID : **SB23.4550**

Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

TOTAL This Period (last page this line number only)..... ▶ 2500.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ALMOST FAMILY INC PAC (AFAM PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Cliff Rosenberger

Mailing Address 7027 State Route 350

City West Clarksville State OH Zip Code 45113

Purpose of Disbursement
Non-federal political contribution

011

Candidate Name

Cliff Rosenberger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2014

Transaction ID : SB29.4551

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2500.00

2500.00
