Image#	11932492925
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
	LY INC PAC (AFAM PAC)	
ADDRESS (number and s	treet)	· · · · · · · · · · · · · · · · · · ·
(Check if address is changed)		 KY40223
	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)  ToddLyles@almostfamily.com	
	PAGE ADDRESS (URL)	
(Check if address is changed)		<u> </u>
2. DATE <b>0.9</b>	/ D D / Y Y Y 15 / 2011	
3. FEC IDENTIFICA	TION NUMBER C C00460253	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of <sup>-</sup>	Treasurer C. Steven Guenthner	
Signature of Treasurer	Electronically Filed by C. Steven Guenthner	Date 09 / 22 / Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

2.

3.

4.

	I	FEC F	Form 1 (Revised 02/2009)	Page 2
5.	TYPE	OF CO	DMMITTEE (Check One)	
	Cand	idate C	Committee:	
	(a)	Ц	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name Candi	-		
	Candi Party	idate Affiliati	on Office Sought: House Senate President	State
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi	-		
	Party	Comm	nittee:	
	(d)		This committee is a       (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politi	cal Act	tion Committee (PAC):	
	(e)	Х	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
			X Corporation Corporation w/o Capital Stock	oor Organization
			Membership Organization Trade Association Co	ooperative
	(f)	_	In addition, this committee is a Lobbyist/Registrant PAC.	
	(1)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint F	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		Com	mittees Participating in Joint Fundraiser	
			1 FEC ID number <b>C</b>	

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FEC ID number

FEC ID number

FEC ID number

FEC Form 1 (Revised 02/2009)	
Write or Type Committee Name	

ALMOST FAMILY INC PAC (AFAM PAC)

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. Almost Family, Inc. 9510 Ormsby Station Road Mailing Address Suite 300 Louisville 40223 ĶΥ CITY STATE ZIP CODE 🔺 Relationship: Х Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in 7. possession of Committee books and records. C. Steven Guenthner Full Name 1 1 1 9510 Ormsby Station Road Mailing Address Suite 300 Louisville KΥ 40223 Title or Position **STATE** ZIP CODE A CITY A **Custodian of Records** 502 891 1000 Telephone number 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the

name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	C. Steven Guenthner			
Mailing Address	9510 Ormsby Station	Road		
	Suite 300			
	Louisville	КҮ	40223	
Title or Position ♥	CITY A	STATE		
Tre	asurer	Telephone number	8911000	

FEC Form 1 (Revis	ed 02/2009)			Ра	age 4
Full Name of Designated Agent	Patrick T. Lyles				
Mailing Address	9510 Ormsby Station R	load			
	Suite 300				
	Louisville	K	Y	40223	
Title or Position ♥	CITY A	STA	TE 🛦	ZIP COD	DE A
Assista	nt Treasurer	Telephone number	502	891	1000
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc. P. Morgan Chase		its funds, h	olds accounts, re	ents
safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc.		its funds, h	olds accounts, re	ents
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safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc. P. Morgan Chase 416 West Jefferson Street, 2nd P.O. Box 32500 Louisville CITY A	FI.		  40232	
safety deposit boxes or m Name of Bank, Depositor J.F Mailing Address	aintains funds. y, etc. P. Morgan Chase 416 West Jefferson Street, 2nd P.O. Box 32500 Louisville CITY A	FI.		  40232	
safety deposit boxes or m Name of Bank, Depositor J.F Mailing Address	aintains funds. y, etc. P. Morgan Chase 416 West Jefferson Street, 2nd P.O. Box 32500 Louisville CITY A y, etc.	FI.	 └ KY NTE ⊿	40232 40232 ZIP CO	
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Safety deposit boxes or m Name of Bank, Depository	aintains funds. y, etc. P. Morgan Chase 416 West Jefferson Street, 2nd P.O. Box 32500 Louisville CITY A y, etc.	FI.	 └ KY NTE ⊿	40232 40232 ZIP CO	