

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
ResCare, Inc. DBA BrightSpring Health Services Legacy Fund (BrightSpring LEGACY Fund)

ADDRESS (number and street) 657 S. Hurstbourne Pkwy. #267
(Check if address is changed)
Louisville KY 40222
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
(Check if address is changed) Ryan.Green@rescare.com
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
(Check if address is changed) www.BrightSpringLegacyFund.com

2. DATE 10 / 06 / 2020

3. FEC IDENTIFICATION NUMBER C C00344663

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Demeritt, Daryn, , ,

Signature of Treasurer Demeritt, Daryn, , , [Electronically Filed] Date 08 / 24 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) 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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

ResCare, Inc. DBA BrightSpring Health Services Legacy Fund (BrightSpring LEGACY Fund)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Res-Care, Inc. DBA BrightSpring Health Services

Mailing Address 805 N. Whittington Pkwy. Suite 400
Louisville KY 40222
CITY STATE ZIP CODE

Relationship: [x] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Demeritt, Daryn, , ,
Mailing Address 657 S. Hurstbourne Pkwy #267
Louisville KY 40222
CITY STATE ZIP CODE
Telephone number 502 - 420 - 2605

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 Demeritt, Daryn, , ,
Mailing Address 657 S. Hurstbourne Pkwy. # 267
Louisville KY 40222
CITY STATE ZIP CODE
Title or Position Treasurer
Telephone number 502 - 630 - 7394

Full Name of Designated Agent

Pemberton, Sherry, , ,

Mailing Address

657 S. Hurstbourne Pkwy #267

Louisville

KY

40222

CITY

STATE

ZIP CODE

Title or Position Chairperson

Telephone number

502

394

2321

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PNC Bank

Mailing Address

9700 Linn Station Road

Louisville

KY

40223

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A

Transaction ID :

Updating Statement of Organization to remove PHARMERICA CORPORATION POLITICAL ACTION COMMITTEE PPAC as an affiliated committee following the committee's termination.

Form/Schedule:

Transaction ID: