PAGE 1 / 15

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For Oth	ner Than An Au	thorized Co	ommittee		Office Us	se Only
NAME OF COMMITTEE (in fu		R PRINT ▼	Example over the	e: If typing, type lines.	12FE	E4M5	
GENTIVA HEAL	TH SERVIC	ES INC PAC (GENTIVA	PAC			
ADDRESS (number and		RIVERWOOD PARK	WAY, SUITE 1	400			
Check if differ than previousl reported. (ACC	y . ATLA	NTA			GA	30339	<u>'</u>
2. FEC IDENTIFICA	TION NUMBER	▼ <u>Cl</u>	TY▲		STATE A		ZIP CODE A
C C00407080			S THIS REPORT	x NEW (N)	OR 🔲	AMENDED (A)	
July 15 Quarterly October 1	rts: Report (Q1) Report (Q2)	Report Due On: Ma	H	May 20 Jun 20 (Jul 20 (N nary (12P) evention (12C)	M6)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) neral (12G) ecial (12S)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
January 3		Electi	on on	/ D D	/ Y Y Y	Y	in the State of
Year Only	on-election (MY)	POST-Election Report for the:	Ger	neral (30G)	Rur	noff (30R)	Special (30S)
Terminatio (TER)	п нероп	Electi	on on	/ D D	/ Y Y Y	Y	in the State of
5. Covering Period	11	27 2018			2 31	D / Y Y 201	
I certify that I have exa Type or Print Name of	Sierp	rt and to the best o ina, Raymond, , ,	f my knowled	ge and belief it	is true, correc	ct and complet	e.
Signature of Treasurer	Sierpina, Raym	ond, , ,	[Ele	ctronically Filed]	Date	M M / D 29	2019
NOTE: Submission of fal	se, erroneous, or	incomplete informatio	on may subjec	t the person sign	ing this Repor	t to the penaltie	es of 52 U.S.C. § 30109
Office Use Only							FORM 3X ev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

11 27 2018 12 31 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 9548.90 January 1, 2018 (b) Cash on Hand at 39939.87 Beginning of Reporting Period..... 1698.35 33178.22 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 42727.12 41638.22 6(a) and 6(c) for Column B)..... 2581.01 3669.91 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 39057.21 39057.21 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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. 05/2016)

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From:	2.00			
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	1505.00	16620.00		
(ii) Unitemized	193.35	8687.05		
(iii) TOTAL (add	1000.05	25207.05		
Lines 11(a)(i) and (ii)▶	1698.35	25307.05		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00			
(such as PACs)	0.00	7871.17		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry		20,120,20		
Totals to Line 33, page 5)	1698.35	33178.22		
Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
All Loans Received	0.00	0.00		
All Loans Received	4 4	4 4		
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures	7	7 7		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made	4 4	4 4		
to Federal Candidates and Other				
Political Committees	0.00	0.00		
Other Federal Receipts	4 4	4 4 6.00		
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds	0.00	4 4		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(4 4	5.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(b) Levill I ulius (Iloili ochedule 113)	4 4	4 4		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
Total Receipts (add Lines 11(d),	1000.05	22470.00		
12, 13, 14, 15, 16, 17, and 18(c))	1698.35	33178.22		
Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1698.35	33178.22		
(Subtract Line 10(c) HOTH LINE 19)	1000.00	33170.22		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinati I dal 10 Dato
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	81.01	1169.91
(c) Total Operating Expenditures		4400.04
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	81.01	1169.91
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	2500.00	2500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
, i	0.00	
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
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		4 4
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
,	4 4	0.00
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity	J))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
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
Total Dishuranments (add Lines 04/2) 00	42 42	4 4
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2581.01	3669.91
Total Federal Disbursements	4 4	4 4
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	2581.01	3669.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1698.35	33178.22
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1698.35	33178.22
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	81.01	1169.91
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	81.01	1169.91

						PAGE		6	OF	15
(check only one)										
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		13		14		15		16	6	17

or	y information copied from such Reports and Si for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES	INC PAC	CGENTIVAPAC					
A.	Full Name of Individual (Last, First, Middle Init Aurelio, John, , , Mailing Address 1104 Wickford Court	ial) or Full O	rganization Name	Date of Receipt				
				12 28 2018				
	City Keller	State TX	Zip Code 76248-5740	Transaction ID : SA11AI.7522				
		17	70240-3740	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		80.00				
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item				
	Gentiva Health Services Inc.	SVF	Region Ops KAH	P/R Deduction (\$40.00 Bi-Weekly)				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00					
В.	Full Name of Individual (Last, First, Middle Init Beasley, Selece Yvonne, , , Mailing Address 974 Hearthstone Place	Date of Receipt						
	011	10	7. 0. 1	12 28 2018				
	City Stone Mountain	State GA	Zip Code	Transaction ID : SA11AI.7523				
		GA	30083-2506	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		40.00				
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Chief Compl Officer	Memo Item P/R Deduction (\$20.00 Bi-Weekly)				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00					
	Full Name of Individual (Last, First, Middle Init Bethea, Betty, Faye, ,	ial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 702 Voyager Dr			12 28 2018				
	City	State	Zip Code	Transaction ID : SA11AI.7524				
	Houston	TX	77062-5617	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer (for Individual) Gentiva Health Services Inc.	I	upation (for Individual) Dir Ops Comm Care	Memo Item P/R Deduction (\$10.00 Bi-Weekly)				
	Receipt For:		Year-to-Date ▼	-				
	Primary General Other (specify)	99.09	260.00					
S	UBTOTAL of Receipts This Page (optional)		>	150.00				
Т	OTAL This Period (last page this line number of	only)		7 7 7				

						PAGE		7	OF	15
(check only one)										
	X	11a		11b		11c		12	2	
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICE		-	
Full Name of Individual (Last, First, Middle Carr, Ginger, , , Mailing Address 604 Countryside Estate	nization Name	Date of Receipt	
-	T -	T	12 28 2018
City	State	Zip Code	Transaction ID : SA11AI.7527
Alma	AR	72921-7762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
Gentiva Health Services Inc.	Executiv	ve Dir Home Health	P/R Deduction (\$10.00 Weekly)
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼	35 / 5 / 50	520.00]
Full Name of Individual (Last, First, Middle Causby, David, A, ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 4000 Heatherwood Way	lo:		12 28 2018
City	State	Zip Code	Transaction ID : SA11AI.7528
Roswell	GA	30075-2284	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00	
Name of Employer (for Individual) Gentiva Health Services Inc.		tion (for Individual) xecutive Officer	Memo Item P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 2600,00]
Full Name of Individual (Last, First, Middle Cavanaugh, Peter, , ,	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 2720 SW Regal Drive			12 28 2018
City	State	Zip Code	Transaction ID : SA11AI.7529
Lees Summit	MO	64082-1427	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
Gentiva Health Services Inc.	Sr Dir F	Reg Finance KAH	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)	1.1.7	260.00]
SUBTOTAL of Receipts This Page (optional)))	270.00
TOTAL This Period (last page this line numb	per only)		

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or for commercia	l purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.				
	MMITTEE (In Full) A HEALTH SERVICE	S INC PAC	GENTIVAPAC					
A. Crossno, Ro		nitial) or Full Or	ganization Name	Date of Receipt				
Mailing Addres	ss 1904 Sager Rd			12 28 2018				
City Rockdale		State TX	Zip Code 76567-2058	Transaction ID : SA11AI.7532				
	er of contributing	С		Amount of Each Receipt this Period 200.00				
Gentiva Health Receipt For: Primary	General	VPM	pation (for Individual) A & CMO KAH /ear-to-Date ▼	Memo Item P/R Deduction (\$100.00 Bi-Weekly)				
,	pecify) ▼ Individual (Last, First, Middle I	nitial) or Full Or	ganization Name	Date of Receipt				
	SS 4301 San Marcos Rd.	12 28 2018						
City Louisville		State KY	Zip Code 40299-1407	Transaction ID : SA11AI.7533 Amount of Each Receipt this Period				
	er of contributing al committee.	С		75.00				
Name of Emp Gentiva Health	loyer (for Individual) Services Inc.		pation (for Individual) Operations HH	Memo Item P/R Deduction (\$25.00 Bi-Weekly)				
Receipt For: Primary Other (s	General pecify) ▼	Aggregate \	/ear-to-Date ▼ 650.00					
Full Name of C. Dolin, Cor	Individual (Last, First, Middle I	nitial) or Full Or	ganization Name	Date of Receipt				
	SS 105 Ashton Woods Ct			12 28 2018				
City Mt Holly		State NC	Zip Code 28120-9482	Transaction ID : SA11AI.7534 Amount of Each Receipt this Period				
FEC ID number federal political	er of contributing Il committee.	С		60.00				
Gentiva Health	loyer (for Individual) n Services Inc.		pation (for Individual) CAO KAH	Memo Item P/R Deduction (\$30.00 Bi-Weekly)				
Receipt For: Primary Other (s	General pecify)	Aggregate \	/ear-to-Date ▼ 780.00					
SUBTOTAL of F	Receipts This Page (optional)		>	335.00				
TOTAL This Per	riod (last page this line numbe	r only)	·····	1151151151				

FOR LINE NUMBER:						PAGE		9	OF	15
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or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			to solicit contributions from such committee.				
	GENTIVA HEALTH SERVICES	INC PAC	GENTIVAPAC					
Α.	Full Name of Individual (Last, First, Middle Initial Eberwine, Julie, , ,	ial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 9113 Wampton Way			12 28 2018				
	City Austin	State TX	Zip Code 78749-4265	Transaction ID : SA11AI.7535 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Dir Ops Comm Care	Memo Item P/R Deduction (\$10.00 Bi-Weekly)				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00					
В.	Full Name of Individual (Last, First, Middle Initi Elkin, Mary, , , Mailing Address 9 Somerset Lane #311	ial) or Full O	rganization Name	Date of Receipt				
	City Edgewater	State NJ	Zip Code 07020-2403	Transaction ID : SA11Al.7536 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		80.00				
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Enterprise SIs Support	Memo Item P/R Deduction (\$40.00 Bi-Weekly)				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00					
С .	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 6780 West 30th Dr			12 28 2018				
	City West Terre Haute	State IN	Zip Code 47885-9730	Transaction ID : SA11AI.7538 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Director Sales	Memo Item P/R Deduction (\$15.00 Bi-Weekly)				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00					
H	CUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		<u> </u>	140.00				

FO	R LINE	NUMBER	: PAG	E 10 OF	15
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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) GENTIVA HEALTH SERVICES	INC PAC	GENTIVAPAC									
Α.	Mailing Address 12025 Wildwood Springs Drive City Roswell		Zip Code 30075-1843	Date of Receipt 12 28 2018 Transaction ID: SA11AI.7540 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼		ation (for Individual) Dir Foundation ear-to-Date ▼ 650.00	75.00 Memo Item P/R Deduction (\$25.00 Bi-Weekly)								
В.	Full Name of Individual (Last, First, Middle Initi Howard, Jesse, , , Mailing Address 627 Wheatland Dr. City MC GREGOR	State	Zip Code 76657-9717	Date of Receipt M = M								
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Gentiva Health Services Inc. Receipt For: Primary General Other (specify) Other (specify)	Occup VP R Aggregate Ye	ation (for Individual) egional Ops KAH ear-to-Date ▼ 260.00	Amount of Each Receipt this Period 20.00 Memo Item P/R Deduction (\$10.00 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initi-Hughes, Jackie, M, , Mailing Address 5236 W Alameda Rd City Glendale FEC ID number of contributing federal political committee. Name of Employer (for Individual) Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	State AZ	Zip Code 85310-3707 ation (for Individual) Reg Finance KAH	Date of Receipt 12 28 2018 Transaction ID: SA11AI.7542 Amount of Each Receipt this Period 40.00 Memo Item P/R Deduction (\$20.00 Bi-Weekly)								
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	135.00								

F	FOR LINE NUMBER: (check only one)					PAGE	•	11	OF	15
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	Statements may not be sold or used by any personal name and address of any political committee to							
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICE	S INC PAC GENTIVAPAC							
Full Name of Individual (Last, First, Middle I Jans, Lisa, L, ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 13783 46th Lane Ne		12 28 2018						
City	State Zip Code	Transaction ID : SA11AI.7544						
Saint Michael	MN 55376-4545	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	45.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Gentiva Health Services Inc.	Area Dir Ops Home Health	P/R Deduction (\$15.00 Bi-Weekly)						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00							
Other (specify) ¥								
Full Name of Individual (Last, First, Middle I 3. Knight, Rebecca, W, ,	Date of Receipt							
Mailing Address 3048 Steel Creek Rd		12 28 2018						
City	State Zip Code	Transaction ID : SA11AI.7545						
Georgetown	MS 39078-9707	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	80.00						
Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) DVP Operations HH	Memo Item P/R Deduction (\$40.00 Bi-Weekly)						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00							
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 1412 Green Edge Trl		12 28 2018						
City	State Zip Code	Transaction ID : SA11AI.7547						
Wake Forest	NC 27587-6121	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	50.00						
Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) DVP Sales KAH	Memo Item P/R Deduction (\$25.00 Bi-Weekly)						
Receipt For:	Aggregate Year-to-Date ▼]						
Primary General Other (specify)	650.00							
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	175.00						
TOTAL This Period (last page this line number	er only)							

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	ny information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES	INC PAC	GENTIVAPAC							
Α.	Full Name of Individual (Last, First, Middle Init Nordman, Derek, G, , Mailing Address 1906 Skybrooke Lane	tial) or Full Org	ganization Name	Date of Receipt						
	Walling Address 1906 Skybrooke Lane			12 28 2018						
	City	State GA	Zip Code	Transaction ID : SA11AI.7553						
	Hoschton	GA	30548-6284	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		40.00						
	Name of Employer (for Individual)		pation (for Individual)	Memo Item						
	Gentiva Health Services Inc.	SVP	CCO KAH	P/R Deduction (\$20.00 Bi-Weekly)						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 520.00							
В.	Full Name of Individual (Last, First, Middle Init O'hara, Laurie, , , Mailing Address 702 Woodcrest Dr.	Date of Receipt								
	City	State	Zip Code	Transaction ID : SA11AI.7554						
	Winston Salem	NC	27104-1424	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	40.00								
	Name of Employer (for Individual) Gentiva Health Services Inc.		oation (for Individual) Sales KAH	Memo Item P/R Deduction (\$20.00 Bi-Weekly)						
	Receipt For: Primary General Other (specify) ▼	eeipt For: Aggregate Year-to-Date ▼ Primary General								
	Full Name of Individual (Last, First, Middle Init Scrima, Richard, D, ,	tial) or Full Org	ganization Name	Date of Receipt						
	Mailing Address 368 Whitehall Street			12 28 2018						
	City Lynbrook	State NY	Zip Code 11563-1049	Transaction ID : SA11AI.7558 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer (for Individual) Gentiva Health Services Inc.		oation (for Individual) Director Sales	Memo Item P/R Deduction (\$10.00 Bi-Weekly)						
	Receipt For:	Aggregate Y	ear-to-Date ▼							
	Primary General Other (specify)									
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	100.00						
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		person for the purpose of soliciting contributions tee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	,					
$\Big angle$ GENTIVA HEALTH SERVICE	S INC PAC GENTIVAPAC					
Full Name of Individual (Last, First, Middle I Shoemaker, Paula, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2950 Mt Wilkinson Parkway		M = M / D = D / Y = Y = Y				
#815	Stata 7:0 Code	12 28 2018				
City Atlanta	State Zip Code 30339-3662	Transaction ID : SA11AI.7559				
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	80.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Gentiva Health Services Inc.	VP Marketing	P/R Deduction (\$40.00 Bi-Weekly)				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	1040.00	7				
Other (specify) ▼	1040.00	_				
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name					
Sylvestre, Trevor, M, ,		Date of Receipt				
Mailing Address 250 Bontura Drive	Mailing Address 250 Bontura Drive					
City	State Zip Code	12 28 2018 Transaction ID : SA11AI.7560				
Senoia	GA 30276-1330	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	70.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Gentiva Health Services Inc.	SR Director FP&A	P/R Deduction (\$35.00 Bi-Weekly)				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General		7				
Other (specify) ▼	910.00					
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name					
Ward, Virgel, E, ,		Date of Receipt				
Mailing Address 28 Erika Lane		12 28 2018				
City	State Zip Code	Transaction ID : SA11AI.7561				
Collinsville	IL 62234-2237	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Gentiva Health Services Inc.	Area Director Sales	P/R Deduction (\$25.00 Bi-Weekly)				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General		7				
Other (specify)	650.00					
SUBTOTAL of Receipts This Page (optional)	_	200.00				
, ,		1505.00				
TOTAL This Period (last page this line number	r only)	1505.00				

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	CHEDULE B (FEC Form 3X)	llee een	arate schedule(s)	1 -				/BER:	:			Р	AGE	14 (OF 1:	5
ΙΤΙ	EMIZED DISBURSEMENTS	for each	for each category of the Detailed Summary Page			only 21b	nly one) o 22 23 26 2						27	7		
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	y information copied from such Reports and State for commercial purposes, other than using the na															
	NAME OF COMMITTEE (In Full)	o and add	1000 of any politic	,ai 00iii		J 10	5011	J. 00	. 14116	, 41011	J 11		4011 0			_
$ \rangle$	GENTIVA HEALTH SERVICES IN	IC PAC	GENTIVAPA	AC												
	Full Name (Last, First, Middle Initial)															_
Α.	Bank of America						Date of Disbursement									
	Mailing Address PO Box 15284						12 17 2018									
	City Wilmington	State DE	Zip Code 19850				FEC Identification Number									
	Purpose of Disbursement Bank service fee			_	_	11	(
	Candidate Name			Cate	gorv		А					D : SB isburs		7403 It this	Period	
	Office Sought: House Disburse	ement For:			/pe		Г	-	-	-			_	-	_	
	Senate Dispurse	Primary	General				81.01									
	State: President State:	Other (spe	Other (specify) ▼					Memo Item								
	Full Name (Last, First, Middle Initial)															
B.								ate o	_	sburse	_		V	/	V	
	Mailing Address															
	City	State Zip Code					FEC Identification Number									
	Purpose of Disbursement				-	ī	(Ш		
	Candidate Name	Category/ Type					Amount of Each Disbursement this Period									
	Office Sought: House Disburse															
	Senate President	Primary														
	State: District:	Other (spe	City)				Memo Item									
<u> </u>	Full Name (Last, First, Middle Initial)							lata s	f D:	chura	or-	ont				_
U.								ate o		sburse			Y	/ I Y	Υ	
	Mailing Address						L		1	L	_					
	City	State	Zip Code				F	EC Id	enti	ficatio	n I	Numb	er			
	Purpose of Disbursement			-	-	╗	(
	Candidate Name			Cate			Α	moun	t of	Each	D	isburs	emen	t this	Period	
		ement For:	nent For:				L			,						
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s	UBTOTAL of Disbursements This Page (optional).					_	ŀ	-	÷	7	H	-7	-		+	1
Т.	OTAL This Period (last page this line number only	/)				•	L			,				81.		

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SCHEDULE B (FEC Form 3X)		-1 1 1 7 7	FOR LINI	NUMBER: PAGE 15 OF 15							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check only for each category of the			* /							
		ummary Page	211		X 23 28c	26 27 29 30b					
<u> </u>											
Any information copied from such Reports and Statem or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)											
GENTIVA HEALTH SERVICES INC	C PAC G	ENTIVAPA	ΛC								
<u>/</u>											
Full Name (Last, First, Middle Initial) A. Collins for Senator				Date o	f Disbursen	nent					
Collins for Seriator				M							
Mailing Address PO Box 1096				12 12 2018							
City	State	Zip Code		FEC. Id	FEC Identification Number						
_ago.	ME	04402			entineation	Trumber					
Purpose of Disbursement Contribution			011	C	C0031457	5					
Candidate Name						D: SB23.7405 Disbursement this Period					
Collins for Senator			Category/ Type	Amour	it of Each L	dispursement this Period					
Office Sought: House Disbursen	nent For: 20)20		1 L.	- 45 - 1	2500.00					
	Primary	General			,	,					
State: ME District: 00	Other (speci-	fy) 🔻		Me	emo Item						
Full Name (Last, First, Middle Initial)											
B.				Date of	f Disbursen	nent					
				M M	/ D [) / Y Y Y Y					
Mailing Address	L.	J L.									
City	State	Zip Code		EEC I	lentification	Number					
					ienuncation	Number					
Purpose of Disbursement				C							
Candidate Name			Octobrond	Amount of Each Disbursement this Period							
			Category/ Type								
Office Sought: House Disbursen	nent For:	_		1							
	Primary	General			,	,					
President State: District:	Other (speci-	ty)		Memo Item							
Full Name (Last, First, Middle Initial)				+							
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				M = M	/ D I) /					
Mailing Address				L-							
City	State	Zip Code		FEC Id	lentification	Number					
Purpose of Disbursement											
Tulpose of Disbursement				C							
Candidate Name			Category/	Amour	t of Each D	Disbursement this Period					
			Type								
Office Sought: House Disbursen					-						
	Primary Other (speci	General									
State: District:	Other (speci-	ıy <i>)</i> ▼		Me	emo Item						
				_							
SUBTOTAL of Disbursements This Page (optional)					1.40.1	2500.00					
						0500.00					
TOTAL This Period (last page this line number only).					. ,	2500.00					