



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

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="2019"/>	<input type="text" value="39057.21"/>	<input type="text" value="39057.21"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41175.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="32786.40"/>	<input type="text" value="40453.55"/>
(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="73961.89"/>	<input type="text" value="79510.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8793.60"/>	<input type="text" value="14342.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="65168.29"/>	<input type="text" value="65168.29"/>
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

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From: 07 / 01 / 2019 To: 12 / 31 / 2019

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).....	32130.00	37930.00
(ii) Unitemized .....	656.40	2523.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	32786.40	40453.55
(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) .....	32786.40	40453.55
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)).....▶	32786.40	40453.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	32786.40	40453.55

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	293.60	842.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	293.60	842.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	12500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	1000.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	8793.60	14342.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8793.60	14342.47

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	32786.40	40453.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32786.40	40453.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	293.60	842.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	293.60	842.47

**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"/> 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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

**A. Aurelio, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1104 Wickford Court  
 City Keller State TX Zip Code 76248-5740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) SVP Region Ops KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 12 / 27 / 2019  
**Transaction ID : SA11AI.7657**  
 Amount of Each Receipt this Period 520.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Beasley, Selece Yvonne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 974 Hearthstone Place  
 City Stone Mountain State GA Zip Code 30083-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) SVP Chief Compl Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2760.00

Date of Receipt 10 / 28 / 2019  
**Transaction ID : SA11AI.7641**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Beasley, Selece Yvonne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 974 Hearthstone Place  
 City Stone Mountain State GA Zip Code 30083-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) SVP Chief Compl Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3020.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.7654**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3280.00
<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 7 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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

**A. Bethea, Betty, Faye, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 702 Voyager Dr  
 City Houston State TX Zip Code 77062-5617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Reg Dir Ops Comm Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 27 / 2019  
**Transaction ID : SA11AI.7661**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Carr, Ginger, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 604 Countryside Estate  
 City Alma State AR Zip Code 72921-7762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Executive Dir Home Health  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 27 / 2019  
**Transaction ID : SA11AI.7668**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$10.00 Weekly)

**C. Causby, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Heatherwood Way  
 City Roswell State GA Zip Code 30075-2284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.7650**  
 Amount of Each Receipt this Period 1300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1690.00
<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 8 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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

**A. Cavanaugh, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2720 SW Regal Drive  
 City Lees Summit State MO Zip Code 64082-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Sr Dir Reg Finance KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.7673**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Cundiff, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4301 San Marcos Rd.  
 City Louisville State KY Zip Code 40299-1407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) AVP Operations HH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 27 / 2019  
**Transaction ID : SA11AI.7660**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Dolan, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 Englewood Drive  
 City Lafayette State LA Zip Code 70503-5449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred at Home Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 04 / 2019  
**Transaction ID : SA11AI.7636**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5455.00
<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 9 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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

**A. Dolin, Connie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Ashton Woods Ct  
 City Mt Holly State NC Zip Code 28120-9482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) VP CAO KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.7649**  
 Amount of Each Receipt this Period 390.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. Elkin, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Somerset Lane #311  
 City Edgewater State NJ Zip Code 07020-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) VP Enterprise SIs Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.7659**  
 Amount of Each Receipt this Period 520.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Graham, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 Vineyard Drive  
 City Mooresville State NC Zip Code 28117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred at Home Occupation (for Individual) CEO, Hospice  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 21 / 2019  
**Transaction ID : SA11AI.7639**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5910.00
<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 10 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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

**A. Howard, Jesse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 627 Wheatland Dr.  
 City MC GREGOR State TX Zip Code 76657-9717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) VP Regional Ops KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 27 / 2019  
**Transaction ID : SA11AI.7669**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Hughes, Jackie, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5236 W Alameda Rd  
 City Glendale State AZ Zip Code 85310-3707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Sr Dir Reg Finance KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.7674**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Jans, Lisa, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13783 46th Lane Ne  
 City Saint Michael State MN Zip Code 55376-4545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Area Dir Ops Home Health  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 27 / 2019  
**Transaction ID : SA11AI.7671**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	585.00
<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 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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

**A. Johnson, Dean, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2000 Grande Loch

City Roswell	State GA	Zip Code 30075-2268
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kindred at Home	Occupation (for Individual) SVP Enterprise Sales
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2019

**Transaction ID : SA11Al.7637**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. Knight, Rebecca, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3048 Steel Creek Rd

City Georgetown	State MS	Zip Code 39078-9707
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) DVP Operations HH
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1080.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

**Transaction ID : SA11Al.7666**

Amount of Each Receipt this Period  
520.00

Memo Item  
P/R Deduction (\$40.00 Bi-Weekly)

**C. Lazas Jr., Ronald, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9603 West View Court

City Crestwood	State KY	Zip Code 40014-7593
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kindred at Home	Occupation (for Individual) SVP & Deputy Gen Coun Op
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2019

**Transaction ID : SA11Al.7635**

Amount of Each Receipt this Period  
3000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6020.00
<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 12 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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

**A. Mascardi, Rosa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1412 Green Edge Trl  
 City Wake Forest State NC Zip Code 27587-6121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) DVP Sales KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.7646**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Merrell, Alease, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 190 Live Oak Circle  
 City Millbrook State AL Zip Code 36054-2573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) AVP Sales KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.7652**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Nearhood, Kristen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 Brook Circle  
 City Roswell State GA Zip Code 30075-7175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) SVP CAO KAH  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2565.00

Date of Receipt 10 / 21 / 2019  
**Transaction ID : SA11AI.7638**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2955.00
<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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

**A. Nearhood, Kristen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 Brook Circle  
 City Roswell State GA Zip Code 30075-7175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) SVP CAO KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2630.00

Date of Receipt **12 / 20 / 2019**  
**Transaction ID : SA11AI.7644**  
 Amount of Each Receipt this Period 65.00  
 Memo Item  
 P/R Deduction (\$5.00 Bi-Weekly)

**B. Nordman, Derek, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1906 Skybrooke Lane  
 City Hoschton State GA Zip Code 30548-6284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) SVP CCO KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2760.00

Date of Receipt **11 / 05 / 2019**  
**Transaction ID : SA11AI.7642**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Nordman, Derek, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1906 Skybrooke Lane  
 City Hoschton State GA Zip Code 30548-6284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) SVP CCO KAH  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3020.00

Date of Receipt **12 / 20 / 2019**  
**Transaction ID : SA11AI.7648**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2825.00
<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"/> 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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

**A. O'hara, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 702 Woodcrest Dr.  
 City Winston Salem State NC Zip Code 27104-1424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) DVP Sales KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.7655**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. O'Sullivan, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 94 Kettle Hole Rd  
 City Bolton State MA Zip Code 01740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred at Home Occupation (for Individual) Chief Clinical Innovations Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 21 / 2019  
**Transaction ID : SA11AI.7640**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Scrima, Richard, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 368 Whitehall Street  
 City Lynbrook State NY Zip Code 11563-1049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Area Director Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.7645**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2890.00
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Shoemaker, Paula, , ,**

Mailing Address 2950 Mt Wilkinson Parkway  
#815

City Atlanta	State GA	Zip Code 30339-3662
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) VP Marketing
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2019

**Transaction ID : SA11AI.7665**

Amount of Each Receipt this Period  
520.00

Memo Item  
P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<b>TOTAL</b> This Period (last page this line number only).....	32130.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>			Date of Disbursement MM / DD / YYYY 07 / 15 / 2019	
Mailing Address PO Box 31900			FEC Identification Number C [ ] <b>Transaction ID : SB21B.7682</b> Amount of Each Disbursement this Period [ ] 87.36	
City Tampa	State FL	Zip Code 33631-3900	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Bank service fee		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:			Memo Item <input type="checkbox"/>	
Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>			Date of Disbursement MM / DD / YYYY 08 / 15 / 2019	
Mailing Address PO Box 31900			FEC Identification Number C [ ] <b>Transaction ID : SB21B.7681</b> Amount of Each Disbursement this Period [ ] 52.79	
City Tampa	State FL	Zip Code 33631-3900	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Bank service fee		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:			Memo Item <input type="checkbox"/>	
Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>			Date of Disbursement MM / DD / YYYY 09 / 16 / 2019	
Mailing Address PO Box 31900			FEC Identification Number C [ ] <b>Transaction ID : SB21B.7677</b> Amount of Each Disbursement this Period [ ] 33.47	
City Tampa	State FL	Zip Code 33631-3900	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Bank service fee		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:			Memo Item <input type="checkbox"/>	
<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶			[ ] 173.62	
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2019
Mailing Address PO Box 31900		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.7680</b> Amount of Each Disbursement this Period [REDACTED] 50.49
City Tampa	State FL	Zip Code 33631-3900
Purpose of Disbursement Bank service fee		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2019
Mailing Address PO Box 31900		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.7679</b> Amount of Each Disbursement this Period [REDACTED] 43.17
City Tampa	State FL	Zip Code 33631-3900
Purpose of Disbursement Bank service fee		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2019
Mailing Address PO Box 31900		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.7678</b> Amount of Each Disbursement this Period [REDACTED] 26.32
City Tampa	State FL	Zip Code 33631-3900
Purpose of Disbursement Bank service fee		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 119.98
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED] 293.60

**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"/> 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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TODD YOUNG, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2019

Mailing Address PO BOX 3743

FEC Identification Number

C	S6IN00191
---	-----------

City CARMEL State IN Zip Code 46082

**Transaction ID : SB23.7631**

Purpose of Disbursement Contribution

011
Category/Type

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**YOUNG, TODD CHRISTOPHER, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2022  Primary  General  Other (specify) ▼  
 State: IN District: 00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PROTECTING THE MAJORITY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2019

Mailing Address 228 S. WASHINGTON ST.  
STE. 115

FEC Identification Number

C	C00714410
---	-----------

City ALEXANDRIA State VA Zip Code 22314

**Transaction ID : SB23.7630**

Purpose of Disbursement Contribution

011
Category/Type

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

FEC Identification Number

C	
---	--

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

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

7500.00
---------

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

7500.00
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**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"/> 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)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Full Name (Last, First, Middle Initial) <b>A. Cameron for Attorney General</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2019
Mailing Address 3207 Eagle Pass		FEC Identification Number C [ ] <b>Transaction ID : SB29.7634</b>
City Louisville	State KY	Zip Code 40213
Purpose of Disbursement Contribution - Cameron, Daniel KY ATTORNEY GENERAL		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name <b>Cameron, Daniel, , ,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period [ ]
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period [ ]
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 1000.00