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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For Other	Than An Au	thorized	Commit	tee		Office Us	se Only	
NAME OF COMMITTEE (in fu	TYPE OR	PRINT ▼		mple: If typ	oing, type	12FE	4M5		
GENTIVA HEAL	TH SERVICE	S INC PAC	GENTIV	/APAC					
ADDRESS (number and ▼ Check if different than previously	ent	/ERWOOD PARK	WAY, SUIT	E 1400		GA ,	20220		
reported. (ACC			ITY 🛦			STATE A	30339	ZIP COD	DE A
C C00407080			IS THIS REPORT	×	NEW (N) OR		AMENDED (A)		
4. TYPE OF REPO (Choose One) (a) Quarterly Repo	Rep Due	oort Ma	ar 20 (M3) or 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	ĕ	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	ĕ	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly I October 15 Quarterly I January 3	Report (Q3)	12-Day PRE-Election Report for the:		Primary (12		=	eral (12G) cial (12S)	in the	Runoff (12R)
July 31 Mi	on-election (MY)	30-Day POST-Election Report for the:	ion on	General (30	OG)	Rund	off (30R)	in the State of	Special (30S)
5. Covering Period	M M / D 02		Y	through	12	31	202	19	
I certify that I have exa	Sierpina	and to the best of , Raymond, , ,	of my know	vledge and	belief it is tr	ue, correc	and comple	te.	
Signature of Treasurer	Sierpina, Raymond	<i>l</i> , , ,		[Electronica	lly Filed]	Date	01 / 14	D /	2020
NOTE: Submission of fal-	se, erroneous, or inc	omplete informati	on may sul	bject the pe	erson signing	this Report	to the penalti	es of 52	U.S.C. § 30109
Office Use								FORI Rev. 05/20	

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

07 01 2019 12 31 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 39057.21 January 1, 2019 (b) Cash on Hand at 41175.49 Beginning of Reporting Period..... 32786.40 40453.55 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 79510.76 73961.89 6(a) and 6(c) for Column B)..... 8793.60 14342.47 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 65168.29 65168.29 (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

R	eport Covering the Period: From:	01 Y 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(iii) TOTAL (add	656.40	2523.55
	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
	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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

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		Carolinal Ioul to Pate
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	5.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	293.60	842.47
(c) Total Operating Expenditures	202.60	842.47
(add 21(a)(i), (a)(ii), and (b))	293.60	042.47
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	7500.00	12500.00
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
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(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
Other Disbursements (Including	4 1 4 1	4-14-14-14-14-14-14-14-14-14-14-14-14-14
Non-Federal Donations)	1000.00	1000.00
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(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 Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8793.60	14342.47
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	8793.60	14342.47

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

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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)	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

FOR LINE NUMBER:					PAGE	=	6	OF	19	
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Any information copi or for commercial pu	ied from such Reports and Staurposes, other than using the r	tements may r name and addr	not be sold or used by any persess of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMM GENTIVA H	MITTEE (In Full) HEALTH SERVICES I	NC PAC (GENTIVAPAC	
A. Aurelio, John,	ividual (Last, First, Middle Initia , , 1104 Wickford Court	l) or Full Orga	nization Name	Date of Receipt
Mailing Address	1104 Wicklord Court			12 27 2019
City		State	Zip Code	Transaction ID : SA11AI.7657
Keller		TX	76248-5740	Amount of Each Receipt this Period
FEC ID number of federal political co	•	С		520.00
Name of Employed Gentiva Health Se	,	tion (for Individual) egion Ops KAH	Memo Item P/R Deduction (\$40.00 Bi-Weekly)	
Receipt For: Primary Other (spec	General	ar-to-Date ▼ 1080.00		
Beasley, Sele	ividual (Last, First, Middle Initia ece Yvonne, , ,	l) or Full Orga	nization Name	Date of Receipt
	974 Hearthstone Place	Otete	7. O. d.	10 28 2019
City Stone Mountain		State	Zip Code 30083-2506	Transaction ID : SA11AI.7641 Amount of Each Receipt this Period
FEC ID number of federal political co	•	С		2500.00
Name of Employe Gentiva Health Se			ntion (for Individual) hief Compl Officer	Memo Item
Receipt For: Primary Other (spec	General	Aggregate Yea	ar-to-Date ▼ 2760.00	
	ividual (Last, First, Middle Initial	l) or Full Orga	nization Name	Date of Receipt
	974 Hearthstone Place			12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stone Mountain		State GA	Zip Code 30083-2506	Transaction ID : SA11AI.7654
FEC ID number of federal political co	O .	С		Amount of Each Receipt this Period 260.00
Name of Employe Gentiva Health Se	,		tion (for Individual) nief Compl Officer	Memo Item P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary Other (spec	General cify)	Aggregate Yea	ar-to-Date ▼ 3020.00	
SUBTOTAL of Rec	eipts This Page (optional)			3280.00
TOTAL This Period	l (last page this line number or	nly)		

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	(0	che	ck only	or	ne)						
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Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICE	S INC PAC (GENTIVAPAC	
Full Name of Individual (Last, First, Middle I Bethea, Betty, Faye, , Mailing Address 702 Voyager Dr	Initial) or Full Orga	anization Name	Date of Receipt
			12 27 2019
City	State	Zip Code	Transaction ID : SA11AI.7661
Houston	TX	77062-5617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		130.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Gentiva Health Services Inc.	Reg Di	r Ops Comm Care	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼	1
Strict (specify) ▼		200.00	1
Full Name of Individual (Last, First, Middle I Carr, Ginger, , ,	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 604 Countryside Estate	Ta: ·	7.0	12 27 2019
City Alma	State AR	Zip Code 72921-7762	Transaction ID : SA11AI.7668 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		260.00
Name of Employer (for Individual) Gentiva Health Services Inc.	1 .	ation (for Individual) tive Dir Home Health	Memo Item P/R Deduction (\$10.00 Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Ye		
Full Name of Individual (Last, First, Middle I	lnitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 4000 Heatherwood Way			12 20 2019
City	State	Zip Code	Transaction ID : SA11AI.7650
Roswell	GA	30075-2284	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1300.00
Name of Employer (for Individual)		ation (for Individual)	Memo Item
Gentiva Health Services Inc.	I	xecutive Officer	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 2600.00]
SUBTOTAL of Receipts This Page (optional))	1690.00
TOTAL This Period (last page this line number	er only)		

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or for commercial purposes, other than using		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.		
NAME OF COMMITTEE (IN FUII) GENTIVA HEALTH SERVICE	ES INC PAC GENTIVAPAC			
Full Name of Individual (Last, First, Middle Cavanaugh, Peter, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 2720 SW Regal Drive		12 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Lees Summit	Transaction ID : SA11AI.7673			
	MO 64082-1427	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	[C]	130.00		
Name of Employer (for Individual)	ame of Employer (for Individual) Occupation (for Individual)			
Gentiva Health Services Inc.	Sr Dir Reg Finance KAH	P/R Deduction (\$10.00 Bi-Weekly)		
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	260.00	0		
Full Name of Individual (Last, First, Middle Cundiff, Barbara, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 4301 San Marcos Rd.		12 27 2019		
City	State Zip Code	Transaction ID : SA11Al.7660		
Louisville	KY 40299-1407	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	325.00		
Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) AVP Operations HH	Memo Item P/R Deduction (\$25.00 Bi-Weekly)		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.0	0		
Full Name of Individual (Last, First, Middle Dolan, Thomas, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 307 Englewood Drive		10 04 2019		
City	State Zip Code	Transaction ID : SA11AI.7636		
Lafayette	LA 70503-5449	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	5000.00		
Name of Employer (for Individual) Kindred at Home	Occupation (for Individual) CFO	Memo Item		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify)	5000.0			
SUBTOTAL of Receipts This Page (optional)		5455.00		
TOTAL This Period (last page this line numb				

FOR LINE NUMBER:					PAGE	9	OF	19	
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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICE	ES INC PAC GENTIVAPAC	
Full Name of Individual (Last, First, Middle Dolin, Connie, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 105 Ashton Woods Ct		12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mt Holly	State Zip Code NC 28120-9482	Transaction ID : SA11AI.7649
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 390.00
Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) VP CAO KAH	Memo Item P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00]
Full Name of Individual (Last, First, Middle Elkin, Mary, , , Mailing Address 9 Somerset Lane #311	Initial) or Full Organization Name	Date of Receipt
City Edgewater	State Zip Code NJ 07020-2403	Transaction ID : SA11AI.7659 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	520.00
Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) VP Enterprise SIs Support	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	Initial) or Full Organization Name	Date of Receipt
Mailing Address 117 Vineyard Drive		10 21 2019
City Mooresville	State Zip Code NC 28117	Transaction ID : SA11AI.7639 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer (for Individual) Kindred at Home	Occupation (for Individual) CEO, Hospice	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 5000.00]
SUBTOTAL of Receipts This Page (optional)	·	5910.00
TOTAL This Period (last page this line numb	per only)	

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICE	S INC PAC GENTIVAPAC	
Full Name of Individual (Last, First, Middle Howard, Jesse, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 627 Wheatland Dr.		12 27 2019
City	State Zip Code	Transaction ID : SA11AI.7669
MC GREGOR	TX 76657-9717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	130.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Gentiva Health Services Inc.	VP Regional Ops KAH	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For:	Aggregate Year-to-Date ▼]
Primary General		
Other (specify) ▼	270.00	<u></u>
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	_
Hughes, Jackie, M, ,		Date of Receipt
Mailing Address 5236 W Alameda Rd		12 20 2019
City	State Zip Code	
Glendale	AZ 85310-3707	Transaction ID : SA11AI.7674 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	260.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Gentiva Health Services Inc.	Sr Dir Reg Finance KAH	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify) ▼	520.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	+
Jans, Lisa, L, ,	-	Date of Receipt
Mailing Address 13783 46th Lane Ne		12 27 2019
City	State Zip Code MN 55376-4545	Transaction ID : SA11AI.7671
Saint Michael	MN 55376-4545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	195.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Gentiva Health Services Inc.	P/R Deduction (\$15.00 Bi-Weekly)	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify)	390.00	
SUBTOTAL of Receipts This Page (optional).		585.00
, , ,	<u>-</u>	
IUIAL This Period (last page this line number	er only)	

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		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICE	S INC PAC GENTIVAPAC							
Full Name of Individual (Last, First, Middle Johnson, Dean, , ,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 2000 Grande Loch	City State Zip Code							
•								
Roswell	GA 30075-2268	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.								
Name of Employer (for Individual) Kindred at Home	Memo Item							
Receipt For: Primary General Other (specify) ▼	00.00							
Full Name of Individual (Last, First, Middle Knight, Rebecca, W, , Mailing Address 3048 Steel Creek Rd	Initial) or Full Organization Name	Date of Receipt						
		12 27 2019						
City	State Zip Code MS 39078-9707	Transaction ID : SA11AI.7666						
Georgetown	MS 39078-9707	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	520.00						
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:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	108	30.00						
Full Name of Individual (Last, First, Middle Lazas Jr., Ronald, , ,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 9603 West View Court		10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City Crestwood	State Zip Code KY 40014-7593	Transaction ID : SA11AI.7635						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 3000.00						
Name of Employer (for Individual) Kindred at Home	Occupation (for Individual) SVP & Deputy Gen Coun C	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼	<u> </u>						
Primary General Other (specify)	00 0	00.00						
SUBTOTAL of Receipts This Page (optional).		6020.00						
TOTAL This Period (last page this line numb	er only)							

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	rts and Statements may not be sold or used by any per- using the name and address of any political committee t	
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERV	VICES INC PAC GENTIVAPAC	
Mascardi, Rosa, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1412 Green Edge Tri	12 20 2019	
City	Transaction ID : SA11AI.7646	
Wake Forest	NC 27587-6121	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Gentiva Health Services Inc.	DVP Sales KAH	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	650.00	
Full Name of Individual (Last, First, Na. Merrell, Alease, D, ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 190 Live Oak Circle		12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7652
Millbrook	AL 36054-2573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) AVP Sales KAH	Memo Item P/R Deduction (\$10.00 Bi-Weekly)
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	260.00	
Full Name of Individual (Last, First, No. Nearhood, Kristen, , ,	//liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 420 Brook Circle		10 21 2019
City	State Zip Code	Transaction ID : SA11AI.7638
Roswell	GA 30075-7175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) SVP CAO KAH	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	2565.00	
SUBTOTAL of Receipts This Page (opt	tional)	2955.00
TOTAL This Period (last page this line	number only)	

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	PAGE	 13 (ЭF	19			
(check only one)									
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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	he name and address of any political committee t	to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICE	S INC PAC GENTIVAPAC					
Full Name of Individual (Last, First, Middle I Nearhood, Kristen, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 420 Brook Circle		12 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Roswell	State Zip Code GA 30075-7175	Transaction ID : SA11AI.7644 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	65.00					
Name of Employer (for Individual) Gentiva Health Services Inc.	Memo Item P/R Deduction (\$5.00 Bi-Weekly)					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2630.00					
Full Name of Individual (Last, First, Middle I Nordman, Derek, G, , Mailing Address 1906 Skybrooke Lane	nitial) or Full Organization Name	Date of Receipt				
City Hoschton	Transaction ID : SA11AI.7642 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	FEC ID number of contributing					
Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) SVP CCO KAH	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2760.00					
Full Name of Individual (Last, First, Middle I Nordman, Derek, G, ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 1906 Skybrooke Lane		12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Hoschton	State Zip Code GA 30548-6284	Transaction ID : SA11Al.7648 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	260.00				
Name of Employer (for Individual) Gentiva Health Services Inc.	Memo Item P/R Deduction (\$20.00 Bi-Weekly)					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3020.00					
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	2825.00				
TOTAL This Period (last page this line number	er only)					

F	OR	LINE	PAGE	 14	OF	19			
(0	che	ck only							
X 11a 11b						11c	12		
		13		14		15	16		17

	Statements may not be sold or used by any perse name and address of any political committee t								
NAME OF COMMITTEE (IN Full) GENTIVA HEALTH SERVICES	S INC PAC GENTIVAPAC								
Full Name of Individual (Last, First, Middle In O'hara, Laurie, , , Mailing Address 702 Woodcrest Dr.	itial) or Full Organization Name	Date of Receipt							
City	City State Zip Code								
Winston Salem	NC 27104-1424	Transaction ID : SA11AI.7655 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	260.00								
Name of Employer (for Individual) Gentiva Health Services Inc. Receipt For:	Memo Item P/R Deduction (\$20.00 Bi-Weekly)								
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00								
Full Name of Individual (Last, First, Middle In O'Sullivan, Heather, , , Mailing Address 94 Kettle Hole Rd	itial) or Full Organization Name	Date of Receipt							
City Bolton	State Zip Code MA 01740	Transaction ID : SA11AI.7640 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	2500.00							
Name of Employer (for Individual) Kindred at Home	Occupation (for Individual) Chief Clinical Innovations Officer	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00								
Full Name of Individual (Last, First, Middle In Scrima, Richard, D, ,	itial) or Full Organization Name	Date of Receipt							
Mailing Address 368 Whitehall Street		12 20 2019							
City Lynbrook	State Zip Code NY 11563-1049	Transaction ID : SA11AI.7645 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	130.00							
Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) Area Director Sales	Memo Item P/R Deduction (\$10.00 Bi-Weekly)							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00								
SUBTOTAL of Receipts This Page (optional)		2890.00							
TOTAL This Period (last page this line number	only)								

F	OR	LINE	PAGE	 15	OF	19			
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pedress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES	S INC PAC	GENTIVAPAC							
Full Name of Individual (Last, First, Middle In Shoemaker, Paula, , , Mailing Address 2950 Mt Wilkinson Parkway	nitial) or Full Org	ganization Name	Date of Receipt						
#815	12 20 2019								
City									
Atlanta									
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 520.00								
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item						
Gentiva Health Services Inc.	VP Ma	arketing	P/R Deduction (\$40.00 Bi-Weekly)						
Receipt For:	Aggregate Y	ear-to-Date ▼							
Primary General Other (specify) ▼		1040.00							
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Org	ganization Name	Date of Receipt						
Mailing Address			M M / D D / Y Y Y Y						
City	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	ÿ (
Name of Employer (for Individual)	Occup	oation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼							
Full Name of Individual (Last, First, Middle In	nitial) or Full Org	ganization Name	Date of Receipt						
Mailing Address			M = M / D = D / Y = Y = Y						
City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.									
Name of Employer (for Individual)	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼							
SUBTOTAL of Receipts This Page (optional)		>	520.00						
TOTAL This Period (last page this line number	r only)		32130.00						

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S	CHEDULE B (FEC Form 3X)		FC	FOR LINE NUMBER: PAGE 16 OF 19													
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			(check only one)												
-			Summary Page			21b		22		23			26		27		
						28a		28b		28c	\perp		29	L	30b		
	ly information copied from such Reports and States for commercial purposes, other than using the nar																
	NAME OF COMMITTEE (In Full)																
$ \rangle$	GENTIVA HEALTH SERVICES IN	C PAC C	SENTIVAPA	AC													
<u></u>	Full Name (Last, First, Middle Initial)										_	_		_			
Α.	Bank of America							Date of Disbursement									
	Mailing Address PO Box 31900							07 15 2019									
	City Tampa	State FL	Zip Code 33631-3900				FE	C Id	lenti	ficatio	n N	Nun	nber				
	Purpose of Disbursement Bank service fee						C										
	Candidate Name	Category/ Amount of Each Disbursen										Peri	od				
	Office Sought: House Disburser	ment For:		Ту	/pe		Г								87.	36	
	Senate President	Primary	General							7			7				
	State: District:	Other (spec	airy) ▼				Ш	Me	emo	Item							
_	Full Name (Last, First, Middle Initial)											_					
В.	Bank of America							Date of Disbursement									
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	Mailing Address PO Box 31900						08 15 2019										
	City State Zip Code						FEC Identification Number										
	Tampa FL 33631-3900 Purpose of Disbursement																
	Bank service fee					7	Transaction ID : SB21B.7681 Amount of Each Disbursement this Period										
	Candidate Name					//							od				
	Office Sought: House Disburser	ment For:	ent For:				52.79						П.				
	Senate	General							,			7		- 4			
	President	Other (spec	cify)				П	Me	emo	Item							
_	State: District:						_				_			_			
C.	Full Name (Last, First, Middle Initial) Bank of America						Date of Disbursement										
								M M / D D / Y Y Y Y									
	Mailing Address PO Box 31900							09	-		16	_	Ь	20	019	_	
	,	State	'					FEC Identification Number									
	Tampa FL 33631-3900 Purpose of Disbursement																
	Bank service fee						Transaction ID : SB21B.7677										
	Candidate Name						Amount of Each Disbursement this Period										
	Office Sought: House Disbursement For:														33.	47	
	Senate	Primary	General				-			7			7				
	President	Other (spec	cify) ▼				Memo Item										
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s	UBTOTAL of Disbursements This Page (optional)					•				7			_		173		
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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 Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 OF 19									
Detailed Surmary Page	ITEMIZED DISBURSEMENTS			I ` ·	′ — ′ —	7.00 C	00						
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 Full Name (Last, First, Middle Initial) A. Bank of America Mailing Address PO Box 31900 City Tampa Purpose of Disbursement Bank service fee Candidate Name City Tampa President State: District Full Name (Last, First, Middle Initial) B. Bank of America Mailing Address PO Box 31900 City State Pripose of Disbursement Bank service fee Candidate Name Category/ Type Transaction ID : \$8218.7680 Amount of Each Disbursement berry Memo Item PEC Identification Number City Transaction ID : \$8218.7679 Amount of Each Disbursement this Period Transaction ID : \$8218.7679 Amount of Each Disbursement this Period Transaction ID : \$8218.7679 Amount of Each Disbursement this Period Transaction ID : \$8218.7679 Amount of Each Disbursement this Period City Transaction ID : \$8218.7679 Amount of Each Disbursement this Period Transaction ID : \$8218.7679 Amount of Each Disbursement this Period City Transaction ID : \$8218.7679 Amount of Each Disbursement this Period Transaction ID : \$8218.7678 Amount of Each Disbursement this Period City Transaction ID : \$8218.7678 Amount of Each Disbursement this Period Transaction ID : \$8218.7678 Amount of Each Disbursement this Period City Transaction ID : \$8218.7678 Amount of Each Disbursement this Period Transaction ID : \$8218.7678 Amount of Each Disbursement this Period City Transaction ID : \$8218.7678 Amount of Each Disbursement this Period City Transaction ID : \$8218.7678 Amount of Each Disbursement this Period City Transaction ID : \$8218.7678 Amount of Each Disbursement this Period City Transaction ID : \$8218.7678 Amount of Each Disbursement this Period City Transaction ID : \$8218.7678 Amount of Each Disbursement this Period													
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 Full Name (Last, First, Middle Initial) A. Bank of America Mailing Address PO Box 31900 City Transaction ID : S8218.7680 Amount of Each Disbursement Ibsursement Bank service fee Candidate Name Category/ Type Office Sought: House Disbursement Primary General Date of Disbursement FEC Identification Number Category/ Type Memo Item Fell Name (Last, First, Middle Initial) B. Bank of America Mailing Address PO Box 31900 City State Zip Code FL 38831-3900 City Tampa FL 38831-3900 City State Zip Code FL 38831-3900 City State Disbursement For: Category/ Yype Candidate Name Category/ Transaction ID : S8218.7679 Amount of Each Disbursement his Period Category/ Transaction ID : S8218.7679 Amount of Each Disbursement his Period Committee to solicit contributions from such committee to solicit contributions from such committee. Date of Disbursement Solicit contributions from such committee to solicit contributions from such committee. Date of Disbursement Solicit contributions from such committee. Date of Disbursement his Period Transaction ID : S8218.7679 Amount of Each Disbursement Solicit contributions from such committee to solicit contributions from such committee. Date of Disbursement Solicit contributions from such committee to solicit contributions from such committee. Date of Disbursement Solicit contributions from such committee Transaction ID : S8218.7678 Amount of Each Disbursement Solicit contributions from such committee to solici	Any information conicd from such Departs and Clat												
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC Full Name (Last, First, Middle Initial) A. Bank of America Mailing Address PO Box 31900 City													
A. Bank of America Mailing Address PO Box 31900 City Tampa Purpose of Disbursement Bank service fee Candidate Name Office Sought: President State: District: Full Name (Last, First, Middle Initiat) B. Bank of America Mailing Address PO Box 31900 City Tampa President State: District: Full Name (Last, First, Middle Initiat) State: District: Full Name (Last, First, Middle Initiat) Category/ Tampa Purpose of Disbursement Bank service fee Candidate Name Office Sought: House Disbursement For: Senate President Office Sought: House Disbursement For: Senate President Office Sought: Po Box 31900 FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate President Office Sought: District: Date of Disbursement Transaction ID: SB21B.7679 Amount of Each Disbursement Transaction ID: SB21B.7679 Amount of Each Disbursement Date of Disbursement FEC Identification Number Category/ Transaction ID: SB21B.7679 Amount of Each Disbursement Date of Disbursement FEC Identification Number Category/ Transaction ID: SB21B.7678 Amount of Each Disbursement Date of Disbursement Date of Disbursement FEC Identification Number Category/ Transaction ID: SB21B.7678 Amount of Each Disbursement Date of Disbursement Date of Disbursement FEC Identification Number Category/ Transaction ID: SB21B.7678 Amount of Each Disbursement Date of Disburse	NAME OF COMMITTEE (In Full)												
A. Bank of America Mailing Address PO Box 31900 City Tampa FL 33631-3900 Prurpose of Disbursement Bank service fee Candidate Name Office Sought:	$ \; angle$ GENTIVA HEALTH SERVICES II	NC PAC	GENTIVAPA	AC .									
A. Bank of America Mailing Address PO Box 31900 City Tampa FL 33631-3900 Prurpose of Disbursement Bank service fee Candidate Name Office Sought:	Full Name (Leat First Middle Initial)												
Mailing Address PO Box 31900 City	_				Date of D	isbursemen	t						
City Tampa		M M / D D / Y Y Y Y											
Tampa Purpose of Disbursement Bank service fee Candidate Name Category/ Office Sought: House President State: District: General Primary General Primary General President Bank service fee Candidate Name City State Disbursement For: General Primary General President General General General President General Ge	Mailing Address PO Box 31900	10	15	2019									
Tampa Purpose of Disbursement Bank service fee Candidate Name Category/ Office Sought: House President State: District: General Primary General Primary General President Bank service fee Candidate Name City State Disbursement For: General Primary General President General General General President General Ge	City												
Bank service fee Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Condidate Name Category/ Type Condidate Name Disbursement For: Senate President State: Disbrict: Bull Name (Last, First, Middle Initial) Category/ Category/ Type Category/ Type Date of Disbursement Category/ Type Transaction ID: S821B.7679 Amount of Each Disbursement this Period Category/ Type Category/ Type Transaction ID: S821B.7679 Amount of Each Disbursement this Period Category/ Type Category/ Type Transaction ID: S821B.7679 Amount of Each Disbursement Date of Disbursement Malling Address PO Box 31900 City Tampa Full Name (Last, First, Middle Initial) Category/ Type Transaction ID: S821B.7678 Amount of Each Disbursement this Period FEC Identification Number Category/ Type Transaction ID: S821B.7678 Amount of Each Disbursement this Period Category/ Type Category/ Type Category/ Type Memo Item Memo It	Tampa				FEG Identification Number								
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Office Sought:	Candidate Name			Amount of	Each Disb	ursement this	s Period						
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B. Bank of America Mailing Address PO Box 31900 City Tampa Purpose of Disbursement Bank service fee Candidate Name Full Name (Last, First, Middle Initial) Country Tampa Primary General Disbursement Primary General Disbursement Grampa President State President District: Full Name (Last, First, Middle Initial) Country Tampa Primary General Disbursement For: Category/ Type District: Full Name (Last, First, Middle Initial) Country State Primary General Disbursement For: Country Tampa Purpose of Disbursement For: Category/ Type Category/ Type Date of Disbursement FEC Identification Number Category/ Disbursement For: Category/ Type Category/ Type Category/ Type Country Tampa FL 33631-3900 FEC Identification Number FEC Identification Number FEC Identification Number Category/ Type Country Tampa FL 33631-3900 FEC Identification Number Country Tampa FL 33631-3900 FEC Identification Number Country Tampa FL 33631-3900 FEC Identification Number Country Tampa FL 36321-3900 City Transaction ID : S821B.7678 Amount of Each Disbursement this Period Country Tampa FL 36321-3900 City Transaction ID : S821B.7678 Amount of Each Disbursement this Period Country Tampa FL 36321-3900 City Transaction ID : S821B.7678 Amount of Each Disbursement this Period Country Tampa FL 36321-3900 City Transaction ID : S821B.7678 Amount of Each Disbursement this Period Country Tampa FL 36321-3900 City Transaction ID : S821B.7678 Amount of Each Disbursement this Period Country Tampa FL 36321-3900 Country Tampa FL 36321-39		Other (spe	ecify) \blacktriangledown		Memo	ltem							
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City Tampa Purpose of Disbursement Bank service fee Candidate Name Office Sought: House Primary General Other (specify) State: District: Mailling Address PO Box 31900 City Tampa Purpose of Disbursement For: Senate Primary General Other (specify) City Tampa Purpose of Disbursement Bank service fee Candidate Name City Tampa Purpose of Disbursement Bank service fee Candidate Name Category/ Type Coategory/ Type Memo Item Memo Item Memo Item Memo Item Memo Item													
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Office Sought: House Senate Primary Other (specify) State: District:	Candidate Name				s Period								
Senate Primary General Other (specify) Name (Last, First, Middle Initial)	Office Sought: House Disburs	43.17											
State: District: Full Name (Last, First, Middle Initial) C. Bank of America Mailing Address PO Box 31900 City Tampa Purpose of Disbursement Bank service fee Candidate Name Category/ Type Office Sought: House Senate President State: District: Date of Disbursement Date of Disbursement FEC Identification Number Category/ Type Category/ Type Other (specify) Memo Item Mailing Address PO Box 31900 FEC Identification Number Category/ Type Memo Item Memo Item		4 4											
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Tampa Purpose of Disbursement Bank service fee Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: FL 33631-3900 Category/ Type Category/ Type Memo Item	Mailing Address PO Box 31900	12	16	2019									
Tampa Purpose of Disbursement Bank service fee Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: FL 33631-3900 Category/ Type Category/ Type Memo Item	City	State	Zip Code										
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Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Transaction ID: SB21B.7678 Amount of Each Disbursement this Period Memo Item		C											
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Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Memo Item		Amount of	Each Disb	ursement this	s Period								
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State: District: Memo Item													
440.00		Other (spe	ecny) ▼		Memo	Item							
SUBTOTAL of Disbursements This Page (optional)	2.55												
	SUBTOTAL of Disbursements This Page (optional)			·····•		7	11	9.98					
TOTAL This Period (last page this line number only)							20	3.60					

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SCHEDULE B (FEC Form 3X)	lle: :	rata anti-sit ()	FOR LINE NUMBER: PAGE 18 OF 19								
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check on	<i>'</i> — <i>'</i> —	22 26 27						
		Summary Page	21b		23 26 27 28c 29 30b						
Any information copied from such Reports and Staten	nents may n	ot he sold or use									
or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)				<u> </u>							
igrap GENTIVA HEALTH SERVICES IN(C PAC G	SENTIVAPA	C								
Full Name (Last, First, Middle Initial)											
A. FRIENDS OF TODD YOUNG, INC	Date of Disbursement 09 04 2019										
Mailing Address PO BOX 3743	09	04 2019									
,	State	Zip Code		FEC Identification Number							
CARMEL Purpose of Disbursement	IN	46082		C S6IN00191							
Contribution											
Candidate Name	Candidate Name										
YOUNG, TODD CHRISTOPHER, ,	,		Category/ Type	Amount of E	Each Disbursement this Period						
Office Sought: House Disbursen	nent For: 20			2500.00							
	Primary	General									
State: IN District: 00	Other (speci	iiy) ▼		Memo I	tem						
Full Name (Last, First, Middle Initial)											
B. PROTECTING THE MAJORITY	Date of Disbursement										
	M = M / D = D / Y = Y = Y										
Mailing Address 228 S. WASHINGTON ST. STE. 115	08	09 2019									
City	EEC Idontifi	cation Number									
ALEXANDRIA											
Purpose of Disbursement Contribution	C C00714410										
Candidate Name		ction ID : SB23.7630									
	Amount of E	Each Disbursement this Period									
Office Sought: House Disbursen	5000.00										
Senate		,	,								
President State: District:	Other (speci	ify)	Memo I	tem							
Full Name (Last, First, Middle Initial)											
C.				Date of Dist	bursement						
	M M / D D / Y Y Y Y										
Mailing Address											
City	State	Zip Code		FEC Identific	cation Number						
Purpose of Disbursement											
i dipose of bisbuisefficial	C										
Candidate Name	Candidate Name Category/										
	Туре										
Office Sought: House Disbursen		Concret									
	Primary Other (speci	General									
State: District:	5.1.01 (Spool			Memo I	tem						
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)	Use separate schedule(si	FOR LINE NUMBER: PAGE 19 OF 19							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b						
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)	le and address of any point	icai committee to	Solicit contributions from Such committee.						
GENTIVA HEALTH SERVICES INC	C PAC GENTIVAP	Δ C							
/ GENTIVATIEAETH GERVIGES IIN	OT AC CENTIVAL	AO							
Full Name (Last, First, Middle Initial)			D (D)						
A. Cameron for Attorney General	Date of Disbursement								
Mailing Address 3207 Eagle Pass	07 15 2019								
City	State Zip Code		FEC Identification Number						
Louisville	KY 40213								
Purpose of Disbursement Contribution - Cameron, Daniel KY ATTORNEY GE	C								
Candidate Name	Candidate Name								
Cameron, Daniel, , ,	Category/								
	nent For: 2019	.,,,,	1000.00						
Senate	Primary General		4 4						
	Other (specify) ▼		Memo Item						
State: KY District:									
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$\textbf{SUBTOTAL} \ \ \text{of Disbursements This Page (optional)}$		·····•	1000.00						
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TOTAL This Period (last page this line number only)			1000.00						