PAGE 1 / 13

FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For	Other Tha	an An Author	ized Comm	ittee		Office Use O	Only
NAME OF COMMITTEE (in		E OR PRINT	<b>▼</b>	Example: If ty over the lines		12FE4M	[5	
GENTIVA HE	ALTH SER\	/ICES IN	C PAC GEN	ITIVAPAC				
ADDRESS (number a		350 RIVERW	OOD PARKWAY,	SUITE 1400				
Check if dithan previoreported. (A	usly	ATLANTA				GA	30339	
2. <b>FEC IDENTIFIC</b>	CATION NUMB	ER ▼	CITY ▲			STATE A	ZIF	CODE A
C C004070	80		3. IS TH REPO		NEW (N) <b>OR</b>	AN (A	MENDED )	
4. TYPE OF RE (Choose One)  (a) Quarterly Re	eports:	(b) Monthly Report Due On:	Feb 20 Mar 20 Apr 20 (	(M3)	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11 (Non-Election Year Only)  Dec 20 (M12 (Non-Election Year Only)  Jan 31 (YE)
July 15 Quarter Octobe Quarter Januar	rly Report (Q1) rly Report (Q2) r 15 rly Report (Q3)		Day i-Election ort for the:	Primary (1		General Special (	(12S)	Runoff (12R)
July 31 Report Year O	Mid-Year (Non-election nly) (MY)		Day ST-Election ort for the: Election or	General (	30G)	Runoff (	in	Special (30S) the cate of
5. Covering Period	0 <u>1</u>	01	2019	througl	n 06	30,	2019	Y
I certify that I have of Type or Print Name	S	eport and to Sierpina, Rayr	the best of my mond, , ,	knowledge an	d belief it is tru	ie, correct an	d complete.	
Signature of Treasur	Sierpina, F er	Raymond, , ,		[Electronic	ally Filed]	Date 07	/ 08	2019
NOTE: Submission of	false, erroneous	, or incomple	te information ma	y subject the p	person signing the	nis Report to t	he penalties	of 52 U.S.C. § 3010
Office Use Only								FORM 3X 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

01 2019 06 30 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 39057.21 Beginning of Reporting Period..... 7667.15 7667.15 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 46724.36 46724.36 6(a) and 6(c) for Column B)..... 5548.87 5548.87 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 41175.49 41175.49 (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:		06 30 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)	5800.00	5800.00
	(ii) Unitemized	1867.15	1867.15
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	7667.15	7667.15
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Transfers From Affiliated/Other	7667.15	7667.15
	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 to Federal Candidates and Other	0.00	0.00
17	Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.)	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))▶	7667.15	7667.15
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	7667.15	7667.15

#### **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		Tallian Ioni to but
Activity (from Schedule H4)		
(i) Federal Share		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4	
Expenditures	548.87	548.87
(c) Total Operating Expenditures	7-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-	
(add 21(a)(i), (a)(ii), and (b))	548.87	548.87
Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.00
Federal Candidates/Committees		5000.00
and Other Political Committees	5000.00	5000.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d))	0.00	
(use Schedule F)		0.00
Loan Ponsyments Made	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
man i omical committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	5.00
(such as PACs)		0.00
(d) Total Contribution Refunds		4 4
(add Lines 28(a), (b), and (c)).	0.00	0.00
(-7)	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)		0.00
	4	4 4
Federal Election Activity (52 U.S.C.		
(a) Allocated Federal Election Activ	<i>i</i> ty	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) III aviall Classe		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid		
Entirely With Federal Funds (c) Total Federal Election Activity (	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(	L))	
בוווט טטנמונון, טטנמונוון מווע טטנ	0.00	0.00
Total Dishuraamenta (add Lines 04)	0) 22	
Total Disbursements (add Lines 21(	0/4))	
23, 24, 25, 26, 27, 28(d), 29 and 3	o(c)) 5548.87	5548.87
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(	a)(ii)	
from Line 31)		
	5548.87	5548.87

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

0		. ago c
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)	7667.15	7667.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7667.15	7667.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	548.87	548.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	548.87	548.87

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

F	FOR LINE NUMBER: (check only one)    X   11a   11b					PAGE		6	OF	13
(check only one)										
	X	11a		11b		11c		12	!	
		13		14		15		16	;	17

	e name and addre	ess of any political committee	e to solicit contributions from such committee.						
NAME OF COMMITTEE (IN Full) GENTIVA HEALTH SERVICES	S INC PAC G	SENTIVAPAC							
Aurelio, John, , ,									
Mailing Address 1104 Wickford Court			06 28 2019						
City	State	Zip Code	Transaction ID : SA11AI.7567						
Keller	TX	76248-5740	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		560.00						
Name of Employer (for Individual)	Occupati	ion (for Individual)	Memo Item						
Gentiva Health Services Inc.	SVP Re	egion Ops KAH	P/R Deduction (\$40.00 Bi-Weekly)						
Receipt For:	Aggregate Yea	r-to-Date ▼							
Primary General Other (specify) ▼	45	560.00							
Full Name of Individual (Last, First, Middle Ini Beasley, Selece Yvonne, , ,	Date of Receipt								
Mailing Address 974 Hearthstone Place			06 21 2019						
City	State	Zip Code	<del>-</del>						
Stone Mountain	GA	30083-2506	Transaction ID : SA11AI.7568  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		260.00						
Name of Employer (for Individual) Gentiva Health Services Inc.	'	tion (for Individual) nief Compl Officer	Memo Item P/R Deduction (\$20.00 Bi-Weekly)						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 260,00							
Full Name of Individual (Last, First, Middle Ini	nitial) or Full Organ	nization Name	Date of Receipt						
Mailing Address 604 Countryside Estate			06 28 2019						
City	State	Zip Code	Transaction ID : SA11AI.7571						
Alma	AR	72921-7762	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		260.00						
Name of Employer (for Individual)		ion (for Individual)	Memo Item						
Gentiva Health Services Inc.	Executiv	re Dir Home Health	P/R Deduction (\$10.00 Weekly)						
Receipt For:  Primary  General	Aggregate Yea	r-to-Date ▼							
Other (specify)	4	260.00							
SUBTOTAL of Receipts This Page (optional)			1080.00						
	only)	· · · · · · · · · · · · · · · · · · ·							

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

F	OR	LINE	NU	MBER	:	PAGE 7 OF 13				
(check only one)										
	X	11a		11b		11c		12	!	
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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 of Individual (Last, First, Middle Initial) or Full Organization Name Causby, David, A,, Date of Receipt Mailing Address 4000 Heatherwood Way 2019 City State Zip Code Transaction ID: SA11AI.7572 GA Roswell 30075-2284 Amount of Each Receipt this Period FEC ID number of contributing C 1300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. Chief Executive Officer P/R Deduction (\$100.00 Bi-Weekly) Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Cundiff, Barbara, , , Date of Receipt Mailing Address 4301 San Marcos Rd. 06 2019 City State Zip Code Transaction ID: SA11AI.7576 KY 40299-1407 Louisville Amount of Each Receipt this Period FEC ID number of contributing 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. P/R Deduction (\$25.00 Bi-Weekly) **AVP Operations HH** Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) ▼

	Full Name of Individual (Last, First, Middle Ini Dolin, Connie, , ,	Date of Receipt				
-	Mailing Address 105 Ashton Woods Ct			06 21 2019		
(	Dity	State	Zip Code	Transaction ID : SA11AI.7577		
_	Mt Holly	NC	28120-9482	Amount of Each Receipt this Period		
	FEC ID number of contributing ederal political committee.	С		390.00		
1	Name of Employer (for Individual)	Occı	pation (for Individual)	Memo Item		
(	Gentiva Health Services Inc.	VP (	CAO KAH	P/R Deduction (\$30.00 Bi-Weekly)		
Ī	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00			
	·					

SUBTOTAL of Receipts This Page (optional).....

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

2015.00

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

FOR LINE NUMBER:						PAGE	:	8	OF	13
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name of Individual (Last, First, Middle Elkin, Mary, , , Mailing Address 9 Somerset Lane #311	ailing Address 9 Somerset Lane #311						
City	State Zip Code	Transaction ID : SA11AI.7579					
Edgewater	NJ 07020-2403	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	520.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Gentiva Health Services Inc.	VP Enterprise SIs Support	P/R Deduction (\$40.00 Bi-Weekly)					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	. Iggi ogato Total to Bato .	1					
Other (specify) ▼	520.00						
	4 4	*					
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name						
Hughes, Jackie, M, ,	. •	Date of Receipt					
Mailing Address 5236 W Alameda Rd		06 21 2019					
City	State Zip Code	Transaction ID : SA11AI.7583					
Glendale	AZ 85310-3707	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.	Occupation (for Individual) Sr Dir Reg Finance KAH	Memo Item P/R Deduction (\$20.00 Bi-Weekly)					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	260.00						
Full Name of Individual (Last, First, Middl Knight, Rebecca, W, ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 3048 Steel Creek Rd		06 28 2019					
City	State Zip Code	Transaction ID : SA11AI.7586					
Georgetown	MS 39078-9707	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	560.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Gentiva Health Services Inc.	DVP Operations HH	P/R Deduction (\$40.00 Bi-Weekly)					
Receipt For:	<u> </u>						
Primary General	Aggregate Year-to-Date ▼						
Other (specify)	560.00						
	45 45 45						

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

F	OR	LINE	NU	MBER	:	PAGE 9 OF 13				
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	;	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 comme	ercial purposes, other than using the na	ame and addr	ress of any political committee to	solicit contributions from such committee.
\	COMMITTEE (In Full) VA HEALTH SERVICES II	NC PAC (	GENTIVAPAC	
Mailing Ac  City Wake For  FEC ID noted federal potential Hereign Fermion Other	umber of contributing litical committee.  Employer (for Individual) ealth Services Inc. or: eary General er (specify) ▼	State NC  Occupa DVP S  Aggregate Year	Zip Code 27587-6121 attion (for Individual) ales KAH ar-to-Date ▼	Date of Receipt  06 21 2019  Transaction ID: SA11AI.7588  Amount of Each Receipt this Period  325.00  Memo Item  P/R Deduction (\$25.00 Bi-Weekly)
City Hoschton FEC ID not federal po Name of I Gentiva He Receipt Fe		State GA	Zip Code 30548-6284 ation (for Individual) CO KAH	Date of Receipt  M M M / D D / 2019  Transaction ID: SA11AI.7594  Amount of Each Receipt this Period  260.00  Memo Item  P/R Deduction (\$20.00 Bi-Weekly)
City Winston S FEC ID not federal po Name of E Gentiva H Receipt Fo	umber of contributing litical committee.  Employer (for Individual) ealth Services Inc. or:	State NC Occupa	Zip Code 27104-1424 ation (for Individual)	Date of Receipt  Mo6 21 2019  Transaction ID: SA11AI.7595  Amount of Each Receipt this Period  260.00  Memo Item  P/R Deduction (\$20.00 Bi-Weekly)
	of Receipts This Page (optional)			845.00
TOTAL This	Period (last page this line number on	ly)	·····	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) for each category of the Detailed Summary Page

(0	che	ck only	or	ne)			
	X	11a		11b	11c	12	
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	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 Initi Shoemaker, Paula, , , Mailing Address 2950 Mt Wilkinson Parkway	ial) or Full O	rganization Name	Date of Receipt  06 21 2019							
	#815 City Atlanta	State GA	Zip Code 30339-3662	Transaction ID : SA11AI.7600  Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С	unation (for Individual)	520.00 Memo Item							
	Name of Employer (for Individual)  Gentiva Health Services Inc.  Receipt For:  Primary General  Other (specify) ▼	VP I	upation (for Individual)  Marketing  Year-to-Date ▼  520.00	P/R Deduction (\$40.00 Bi-Weekly)							
В.	Full Name of Individual (Last, First, Middle Initi Mailing Address	ial) or Full O	rganization Name	Date of Receipt							
	City	State	Zip Code	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	C	upation (for Individual)	Memo Item							
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼								
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address  City	State	Zip Code	M = M / D = D / Y = Y = Y							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item							
	Receipt For:  Primary General Other (specify)	Aggregate	Year-to-Date ▼								
H	CUBTOTAL of Receipts This Page (optional)		<u> </u>	520.00 5800.00							

## S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 11 OF 13									
ITEMIZED DISBURSEMENTS		parate schedule(s	(check only	NOMBER:									
		category of the Summary Page	<b>X</b> 21b	22 23 26 27									
	Dotalloa		28a	28b 28c 29 30b									
Any information copied from such Reports and Stat or for commercial purposes, other than using the na													
NAME OF COMMITTEE (In Full)	and auc	diess of any politi	icai committee to	Solicit contributions from Such committee.									
GENTIVA HEALTH SERVICES IN		GENTIVAD	<b>Δ</b> C										
OLIVITYA HEALIH SERVICES II	NO I AC	GLINITVALA	AO										
Full Name (Last, First, Middle Initial)													
A. Bank of America				Date of Disbursement									
	M M / D D / Y Y Y Y												
Mailing Address PO Box 15284				03 15 2019									
City	State	Zip Code		FEO. I III. II. N I									
Wilmington	DE	19850		FEC Identification Number									
Purpose of Disbursement Bank service fee		•		C									
				Transaction ID : SB21B.7606									
Candidate Name			Category/	Amount of Each Disbursement this Period									
Office Sought: House Disburs	ement For:		Туре	103.97									
Senate	Primary	General		T T T									
President	Other (spe	ecify) 🔻		Memo Item									
State: District:				Welle Item									
Full Name (Last, First, Middle Initial)													
B. Bank of America				Date of Disbursement									
Mailing Address DO Day 45004				04 15 2019									
Mailing Address PO Box 15284	04 15 2019												
City	State	Zip Code		FEC Identification Number									
Wilmington	DE	19850											
Purpose of Disbursement Bank service fee				C									
Candidate Name				Transaction ID : SB21B.7607									
Canadato Hamo			Category/ Type	Amount of Each Disbursement this Period									
Office Sought: House Disburs	ement For:		.,,,,	86.14									
Senate	Primary	General		4- 4-									
President	Other (spe	ecify)		Memo Item									
State: District:				<u> </u>									
Full Name (Last, First, Middle Initial)				Data of Diahuraament									
C. Bank of America				Date of Disbursement									
Mailing Address PO Box 15284				05 15 2019									
City	State	Zip Code		FEC Identification Number									
Wilmington Purpose of Disbursement	DE	19850											
Bank service fee				C									
Candidate Name			Category/	Transaction ID: SB21B.7608  Amount of Each Disbursement this Period									
			Type	Since of Each Biodardonion this relied									
	ement For:			89.58									
Senate	Primary	General											
State: District:	Other (spe	ecity) 🔻		Memo Item									
State. District.													
SUBTOTAL of Disbursements This Page (optional)				279.69									
CODITION DISSURGEMENTS THIS LAYE (Optional)				4 4									
TOTAL This Period (last page this line number on	v)												

## S 17

S	CHEDULE B (FEC Form 3X)			F	OR I	LINE	NUMF	ER	:				PAGE	12	OF	13	
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the			k only	y one)										
			Summary Page		X	21b 28a		2 8b		23 28c	-		26 29	27			
Δ	by information conied from such Baranta and Clater	monto recess	not be sold as	Od 5	05.1				r		C.f						
or	ny information copied from such Reports and State for commercial purposes, other than using the nar	me and addi	ress of any politic	cal con	nmit	tee to	solici	t co	ntrib	outions	s f	from	such	comr	nittee		
	NAME OF COMMITTEE (In Full)	0.510	OELIT:: / A = :														
Ľ	GENTIVA HEALTH SERVICES IN	C PAC (	ENTIVAP/	4C													
^	Full Name (Last, First, Middle Initial)						D.		f D:	ob	0.5	2051					
Α.	Bank of America							е о	_	sburse			V =	Y	V   V		
	Mailing Address PO Box 15284							06			17			2019			
	,	State DE	Zip Code 19850				FE	C Id	lenti	ficatio	n	Nun	nber				
	Wilmington Purpose of Disbursement	<i>D</i> L	13030				С	Г					-		1		
	Bank service fee						O	Tra	ansa	ction	ון ר	D : S	B21B	7609			
	Candidate Name			Cate	egor	y/	Am						rseme			riod	
	Office Sought: House Disburse	ment For:		T	ype									10	1.22		
	Senate Seagnin	Primary	General				-	-						_	-		
	President	Other (spec	cify) ▼				П	Me	emo	Item							
_	State: District: Full Name (Last, First, Middle Initial)						_										
В.	Tuli Name (Last, Flist, Middle Illitial)						Da	te o	f Dis	sburse	em	nent					
							М	- M	/	D	D	/	Υ	Y	Y	Y	
	Mailing Address						L	-		L	-	_	_	_			
	City	State	Zip Code				FE	C Id	lenti	ficatio	n	Nun	nber				
	Purpose of Disbursement						С	Г		-		-	-		1		
							U		-	-		-	-	-	-	riod	
	Candidate Name			Cate		y/	Am	oun	t of	Each	D	Disbu	ırseme	nt thi	is Pe	riod	
	Office Sought: House Disburse	ment For:		Т	ype												
	Senate	Primary	General				-	-		-			7	_	-		
	President	Other (spec	cify)				П	Me	emo	Item							
_	State: District: Full Name (Last, First, Middle Initial)						_										
C.	i dii iyanie (Last, i list, iyliddie Illillai)						Da	te o	f Dis	sburse	em	nent					
							М	- M	1	D	D	/	Υ	Y	Y	1	
	Mailing Address						L	-	1		-	4	_	_	_	1	
	City	State	Zip Code				FE	C Id	lenti	ficatio	n	Nun	nber				
	Purpose of Disbursement				-	$\dashv$	С	Г							1		
												-	_				
	Candidate Name			Cate	egor ype	y/	Am	oun	t of	Each	D	)isbu	irseme	nt thi	s Pe	riod	
	Office Sought: House Disburse	ment For:		- 1	ype		Г										
	Senate	Primary	General							1			1		-40		
	President	Other (spec	cify) ▼				П	Me	emo	Item							
	State: District:						Ξ										
s	SUBTOTAL of Disbursements This Page (optional)					<b>•</b>				_				10	)1.22		
F							F					7	-	35	30.91		
l I	<b>OTAL</b> This Period (last page this line number only	)												30	.0.31		

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SCHEDULE B (FEC Form 3X)	Han concrete ask saluta (-)	FOR LINE NUMBER: PAGE 13 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)       21b     22     X     23     26     27       28a     28b     28c     29     30b					
		d by any person for the purpose of soliciting contribution I committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)							
GENTIVA HEALTH SERVICES INC	C PAC GENTIVAPAC	D					
Full Name (Last, First, Middle Initial)  A. RICHARD E NEAL FOR CONGRE	SS COMMITTEE	Date of Disbursement					
Mailing Address 76 MAGNOLIA TERRACE		06 04 2019					
,	State Zip Code MA 01108	FEC Identification Number					
Purpose of Disbursement Contribution	01100	011 C C00226522 Transaction ID : SB23.7613					
Candidate Name	Category						
Office Sought: House Disburser	nent For: 2020 Primary General	Type 2500.00					
President State: District:	Other (specify) ▼	Memo Item					
Full Name (Last, First, Middle Initial)  B. TERRI SEWELL FOR CONGRESS	5	Date of Disbursement					
Mailing Address PO BOX 1964	03 20 2019						
,	State Zip Code AL 35201	FEC Identification Number					
Purpose of Disbursement Contribution		O11 C00458976 Transaction ID : SB23.7614					
Candidate Name TERRI SEWELL FOR CONGRESS	Cate						
Office Sought: House Disbursem	nent For: 2020	2500.00					
	Primary General Other (specify)	Memo Item					
Full Name (Last, First, Middle Initial)		Date of Disbursement					
Mailing Address		M M / D D / Y Y Y Y					
City	State Zip Code	FEC Identification Number					
Purpose of Disbursement	C						
Candidate Name	Category/ Amount of Each Disbursement this Peri						
Senate	Senate Primary General						
State: District:	Other (specify) ▼	Memo Item					
SUBTOTAL of Disbursements This Page (optional)		5000.00					
TOTAL This Period (last page this line number only).		5000.00					