

**FEC
FORM 3X**

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

12FE4M5

Gentiva Health Services Inc PAC GentivaPAC

ADDRESS (number and street)

3350 Riverwood Parkway, Suite 1400



Check if different than previously reported. (ACC)

Atlanta

GA

30339

2. **FEC IDENTIFICATION NUMBER ▼**

CITY ▲

STATE ▲

ZIP CODE ▲

C C00407080

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day **PRE**-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day **POST**-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period

[MM] [DD] [YYYY]

[MM] [DD] [YYYY]

[YYYY]

through

[MM] [DD] [YYYY]

[MM] [DD] [YYYY]

[YYYY]

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

Sierpina, Raymond, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Sierpina, Raymond, , ,

[Electronically Filed]

Date

[MM] [DD] [YYYY]

[MM] [DD] [YYYY]

[YYYY]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

**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="2017"/>	<input type="text" value="39057.60"/>	<input type="text" value="39057.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25216.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14975.15"/>	<input type="text" value="31775.30"/>
(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="40191.56"/>	<input type="text" value="70832.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30642.66"/>	<input type="text" value="61284.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9548.90"/>	<input type="text" value="9548.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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: / / To: / /

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).....	13715.00	26830.00
(ii) Unitemized	1260.15	4945.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14975.15	31775.30
(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)	14975.15	31775.30
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)).....▶	14975.15	31775.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14975.15	31775.30

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	642.66	1284.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	642.66	1284.00
22. Transfers to Affiliated/Other Party Committees.....	30000.00	60000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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).....	0.00	0.00
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)) ..	30642.66	61284.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30642.66	61284.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14975.15	31775.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14975.15	31775.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	642.66	1284.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	642.66	1284.00

**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 22
<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. 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 / 31 / 2017
Transaction ID : PR2290454057106
 Amount of Each Receipt this Period 130.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Eberwine, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9113 Wampton Way
 City Austin State TX Zip Code 78749-4265
 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 / 31 / 2017
Transaction ID : PR2290454157106
 Amount of Each Receipt this Period 130.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. 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 / 31 / 2017
Transaction ID : PR2290454257106
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	520.00
TOTAL 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 22
<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 / 31 / 2017
Transaction ID : PR2290454357106
 Amount of Each Receipt this Period 130.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. 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 ▼ 260.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290454857106
 Amount of Each Receipt this Period 130.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. 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 / 31 / 2017
Transaction ID : PR2290455157106
 Amount of Each Receipt this Period 130.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL 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: PAGE 8 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Gentiva Health Services Inc PAC GentivaPAC

A. Roberts, Sarah, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40427 Pauls Crossing Rd
 City Richfield State NC Zip Code 28137-8666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Dir Nursing R&D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290455257106
 Amount of Each Receipt this Period 130.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. 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 / 31 / 2017
Transaction ID : PR2290455457106
 Amount of Each Receipt this Period 130.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Arant, Vicki, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Verandah Ct
 City Bonaire State GA Zip Code 31005-4841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Executive Dir Hospice
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290455957106
 Amount of Each Receipt this Period 195.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 455.00
TOTAL 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: PAGE 9 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Gentiva Health Services Inc PAC GentivaPAC

A. Baker, Kelly, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 Grandview Way NW
 City Acworth State GA Zip Code 30101-7843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Sr Dir Contract Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290456057106
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Funk, Cheryl, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6780 West 30th Dr
 City West Terre Haute State IN Zip Code 47885-9730
 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 ▼ 390.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290456257106
 Amount of Each Receipt this Period 195.00
 Memo Item
 P/R Deduction (\$15.00 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 ▼ 435.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290456457106
 Amount of Each Receipt this Period 195.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 510.00
TOTAL 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 22
<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. Trelstad, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 W. Pershing Ave
 City Phoenix State AZ Zip Code 85029-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Sr Dir Revenue & AR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290456757106
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$15.00 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 CCO KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290457057106
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Evans, Regina, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Mossy Rock Lane
 City Cartersville State GA Zip Code 30120-7474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Sr Dir Operl Initiatives
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290457257106
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	595.00
TOTAL 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 22
<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. Haglund, Matthew, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 537 Mayfair Circle
 City Orlando State FL Zip Code 32803-6624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Sales KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290457357106
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$20.00 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 / 31 / 2017
Transaction ID : PR2290457457106
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

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) VP Division Ops KAH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290457657106
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	580.00
TOTAL 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 22
<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 / 31 / 2017
Transaction ID : PR2290457757106
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Kramme, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Brighton Court
 City Rolla State MO Zip Code 65401-3982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) AVP Operations Comm Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290458057106
 Amount of Each Receipt this Period 325.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Bagwell, Camille, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.o. Box 256
 City Kings Mountain State NC Zip Code 28086-0256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) DVP Ops Home Health KAH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290458157106
 Amount of Each Receipt this Period 325.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	910.00
TOTAL 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 22
<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. 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 / 31 / 2017
Transaction ID : PR2290458457106
 Amount of Each Receipt this Period 325.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Griffin, Mary, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12025 Wildwood Springs Drive
 City Roswell State GA Zip Code 30075-1843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Exec Dir Foundation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290458757106
 Amount of Each Receipt this Period 325.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. 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 / 31 / 2017
Transaction ID : PR2290458957106
 Amount of Each Receipt this Period 325.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	975.00
TOTAL 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 22
<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. Ward, Virgel, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Erika Lane
 City Collinsville State IL Zip Code 62234-2237
 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 ▼ 650.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290459057106
 Amount of Each Receipt this Period 325.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Wilbanks, Melissa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 854 Vanessa Drive
 City Trussville State AL Zip Code 35173-3250
 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 ▼ 650.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290459157106
 Amount of Each Receipt this Period 325.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Champion, Tanya, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 Sheppard Rd
 City Taylor State AL Zip Code 36301-0737
 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 ▼ 780.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290459257106
 Amount of Each Receipt this Period 390.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1040.00
TOTAL 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 22
	<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 Regional Clin Ops KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290459357106
 Amount of Each Receipt this Period 390.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

B. Pierce, Leland, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2103 Bloomsbury Rd
 City Greenville State NC Zip Code 27858-8501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Dir Clin Ops Support HH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290459657106
 Amount of Each Receipt this Period 65.00
 Memo Item
 P/R Deduction (\$5.00 Bi-Weekly)

C. Sylvestre, Trevor, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Bontura Drive
 City Senoia State GA Zip Code 30276-1330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Sr Dir Finance KAH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290459957106
 Amount of Each Receipt this Period 455.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	910.00
TOTAL 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 16 OF 22
<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. 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 ▼ 1040.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290460157106
 Amount of Each Receipt this Period 520.00
 Memo Item
 P/R Deduction (\$40.00 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 / 31 / 2017
Transaction ID : PR2290460457106
 Amount of Each Receipt this Period 520.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. 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
 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 ▼ 1040.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290460557106
 Amount of Each Receipt this Period 520.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1560.00
TOTAL 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 17 OF 22
	<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. Shoemaker, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Specialties KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290460757106
 Amount of Each Receipt this Period 520.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Ledbetter, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 Elder Hill Rd.
 City Driftwood State TX Zip Code 78619-4523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Sr Dir Managed Care KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290460957106
 Amount of Each Receipt this Period 650.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Eubanks, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 Park Ridge Dr.
 City Paragould State AR Zip Code 72450-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) AVP Operations HP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR2290461257106
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1270.00
TOTAL 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 18 OF 22
<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. Crossno, Ronald, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1904 Sager Rd
 City Rockdale State TX Zip Code 76567-2058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) VPMA & CMO KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2180.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : PR2290462257106
 Amount of Each Receipt this Period
 1270.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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) EVP & President KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : PR2290462657106
 Amount of Each Receipt this Period
 1300.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Sexe, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8186 Enclave Road
 City Woodbury State MN Zip Code 55125-3032
 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 ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : PR2290462857106
 Amount of Each Receipt this Period
 1300.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	3870.00
TOTAL 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: PAGE 19 OF 22
(check only one)

<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ellison, Kassi, D, ,

Mailing Address 125 Rachel Lane

City Lumberton	State TX	Zip Code 77657-5990
-------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : PR2362979157106

Amount of Each Receipt this Period
130.00

Memo Item

P/R Deduction (\$10.00 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

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	13715.00

**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)

A. Bank of America

Mailing Address PO Box 15284

City
Wilmington

State
DE

Zip Code
19850

Purpose of Disbursement
Bank service fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : 75988197

Amount of Each Disbursement this Period

[REDACTED] 104.36

Bank service fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 15284

City
Wilmington

State
DE

Zip Code
19850

Purpose of Disbursement
Bank service fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : 76218916

Amount of Each Disbursement this Period

[REDACTED] 107.05

Bank service fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 15284

City
Wilmington

State
DE

Zip Code
19850

Purpose of Disbursement
Bank service fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : 76453842

Amount of Each Disbursement this Period

[REDACTED] 104.11

Bank service fee

Memo Item

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

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

[REDACTED] 315.52

[REDACTED]

**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)

A. Bank of America

Mailing Address PO Box 15284

City
Wilmington

State
DE

Zip Code
19850

Purpose of Disbursement
Bank service fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : 76684079

Amount of Each Disbursement this Period

[REDACTED] 104.22

Bank service fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 15284

City
Wilmington

State
DE

Zip Code
19850

Purpose of Disbursement
Bank service fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : 76845723

Amount of Each Disbursement this Period

[REDACTED] 118.24

Bank service fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 15284

City
Wilmington

State
DE

Zip Code
19850

Purpose of Disbursement
Bank service fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : 77015625

Amount of Each Disbursement this Period

[REDACTED] 104.68

Bank service fee

Memo Item

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

[REDACTED] 327.14

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

[REDACTED] 642.66

**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 checked="" 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)

A. Kindred Healthcare, Inc. PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2017

Mailing Address 680 S. Fourth Street

FEC Identification Number

C C00242271

City Louisville State KY Zip Code 40202

Transaction ID : 76521336

Purpose of Disbursement
Transfer to affiliated committee

008
Category/
Type

Amount of Each Disbursement this Period

30000.00

Candidate Name

Kindred Healthcare, Inc. PAC

Transfer to affiliated committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Memo Item

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Memo Item

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

30000.00

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

30000.00