

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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2021 through / / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Downing, Chris, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Downing, Chris, , ,* [Electronically Filed] Date / / 2021

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

**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="2021"/>		47210.27
(b) Cash on Hand at Beginning of Reporting Period.....	47210.27	
(c) Total Receipts (from Line 19)	15460.60	15460.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	62670.87	62670.87
7. Total Disbursements (from Line 31).....	34155.28	34155.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28515.59	28515.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	14014.00	14014.00
(ii) Unitemized	1446.60	1446.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15460.60	15460.60
(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)	15460.60	15460.60
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)).....▶	15460.60	15460.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15460.60	15460.60

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	255.28	255.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	255.28	255.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31900.00	31900.00
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).....	2000.00	2000.00
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)) ..	34155.28	34155.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34155.28	34155.28

DETAILED SUMMARY PAGE
of Disbursements

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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)	15460.60	15460.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15460.60	15460.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	255.28	255.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	255.28	255.28

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Aurelio, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1104 Wickford Court
 City Keller State TX Zip Code 76248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) SVP, Region Ops KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 25 / 2021
Transaction ID : SA11AI.7945
 Amount of Each Receipt this Period 520.00
 Memo Item
 PR Deduction (\$40.00 Bi-Weekly)

B. Beasley, Selece Yvonne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 974 Hearthstone Place
 City Stone Mountain State GA Zip Code 30083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) SVP Chief Compl Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7946
 Amount of Each Receipt this Period 240.00
 Memo Item
 PR Deduction (\$20.00 Bi-Weekly)

C. Carr, Ginger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 S Stone Bridge Rd
 City Fayetteville State AR Zip Code 72701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) Branch Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 25 / 2021
Transaction ID : SA11AI.7950
 Amount of Each Receipt this Period 240.00
 Memo Item
 PR Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7951
 Amount of Each Receipt this Period 1200.00
 Memo Item
 PR Deduction (\$100.00 Bi-Weekly)

B. Crossno, Ronald, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 Finstown St
 City Hutto State TX Zip Code 78634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home (Hospice) Occupation (for Individual) VP MA & CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 663.00

Date of Receipt 06 / 25 / 2021
Transaction ID : SA11AI.7955
 Amount of Each Receipt this Period 663.00
 Memo Item
 PR Deduction (\$55.25 Bi-Weekly)

C. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) AVP Operations HH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 25 / 2021
Transaction ID : SA11AI.7956
 Amount of Each Receipt this Period 325.00
 Memo Item
 PR Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	2188.00
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 8 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) VP, CAO, KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7957
 Amount of Each Receipt this Period 360.00
 Memo Item
 PR Deduction (\$30.00 Bi-Weekly)

B. Downing, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2405 Cardinal Way
 City Tucker State GA Zip Code 30084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7959
 Amount of Each Receipt this Period 600.00
 Memo Item
 PR Deduction (\$50.00 Bi-Weekly)

C. Elkin, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Red Robin Lane
 City Vonore State TN Zip Code 37885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) VP Enterprise SIs Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7960
 Amount of Each Receipt this Period 480.00
 Memo Item
 PR Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1440.00
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 9 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) RVP Financial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7965
 Amount of Each Receipt this Period 240.00
 Memo Item
 PR Deduction (\$20.00 Bi-Weekly)

B. Johnson, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Grande Loch
 City Roswell State GA Zip Code 30075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) EVP Chief Commerical Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7968
 Amount of Each Receipt this Period 1200.00
 Memo Item
 PR Deduction (\$100.00 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) DVP Operations HH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 25 / 2021
Transaction ID : SA11AI.7970
 Amount of Each Receipt this Period 520.00
 Memo Item
 PR Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1960.00
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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mascardi, Rosa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1412 Green Edge Trl
 City Wake Forest State NC Zip Code 27587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) DVP Sales KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7976
 Amount of Each Receipt this Period 300.00
 Memo Item
 PR Deduction (\$25.00 Bi-Weekly)

B. Mathews, Jane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3205 Cumberland Blvd Unit 308
 City Atlanta State GA Zip Code 30339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) VP Corporate HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7977
 Amount of Each Receipt this Period 600.00
 Memo Item
 PR Deduction (\$50.00 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) SVP CCO KAH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7982
 Amount of Each Receipt this Period 240.00
 Memo Item
 PR Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1140.00
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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. O'hara, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 Woodcrest Dr.
 City Winston Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) DVP Sales KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7983
 Amount of Each Receipt this Period 240.00
 Memo Item
 PR Deduction (\$20.00 Bi-Weekly)

B. Shishko, Nathaniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3057 N Alexander St
 City Charlotte State NC Zip Code 28205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home (Hospice) Occupation (for Individual) VP of Risk Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2142.00

Date of Receipt 06 / 25 / 2021
Transaction ID : SA11AI.7992
 Amount of Each Receipt this Period 2142.00
 Memo Item
 PR Deduction (\$178.50 Bi-Weekly)

C. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) VP Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7993
 Amount of Each Receipt this Period 480.00
 Memo Item
 PR Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	2862.00
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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Snyder, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2805 King Arthur Blvd
 City Lewisville State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) SVP, Region Ops KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7994
 Amount of Each Receipt this Period 1200.00
 Memo Item
 PR Deduction (\$100.00 Bi-Weekly)

B. Stengle, Nikolas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1730 Wind Haven Way
 City Vienna State VA Zip Code 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) EVP Chief Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 820.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.7995
 Amount of Each Receipt this Period 820.00
 Memo Item
 PR Deduction (\$5.00 Bi-Weekly)

C. Trail, Mikel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4850 Payson Terr SE
 City Atlanta State GA Zip Code 30339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) DVP HR Employee Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.8000
 Amount of Each Receipt this Period 480.00
 Memo Item
 PR Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Waller, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 998 Danbury Court
 City Eagan State MN Zip Code 55123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) RVP Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.8001
 Amount of Each Receipt this Period 312.00
 Memo Item
 PR Deduction (\$26.00 Bi-Weekly)

B. Wandstrat, Scott, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Ansley Street
 City Decatur State GA Zip Code 30030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva DBA Kindred at Home Occupation (for Individual) VP Chief Lit Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 612.00

Date of Receipt 06 / 18 / 2021
Transaction ID : SA11AI.8002
 Amount of Each Receipt this Period 612.00
 Memo Item
 PR Deduction (\$51.00 Bi-Weekly)

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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	924.00
TOTAL This Period (last page this line number only).....	14014.00

**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		Date of Disbursement MM / DD / YYYY 05 / 17 / 2021	
Mailing Address PO Box 31900		FEC Identification Number C [] Transaction ID : SB21B.8026 Amount of Each Disbursement this Period [] 42.89	
City Tampa	State FL	Zip Code 33631-3900	Category/ Type []
Purpose of Disbursement Bank service fee			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement MM / DD / YYYY 06 / 15 / 2021	
Mailing Address PO Box 31900		FEC Identification Number C [] Transaction ID : SB21B.8027 Amount of Each Disbursement this Period [] 42.31	
City Tampa	State FL	Zip Code 33631-3900	Category/ Type []
Purpose of Disbursement Bank service fee			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

SUBTOTAL of Disbursements This Page (optional).....▶	[] 85.20
TOTAL This Period (last page this line number only).....▶	[] 85.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. ADAM KINZINGER - FUTURE 1ST COMMITTEE		Date of Disbursement MM / DD / YYYY 05 / 26 / 2021
Mailing Address PO BOX 2381		FEC Identification Number C C00575076 Transaction ID : SB23.8033 Amount of Each Disbursement this Period 5000.00
City OTTAWA	State IL	Zip Code 61350
Purpose of Disbursement Contribution - Kinzinger for Congress		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. BLUE DOG POLITICAL ACTION COMMITTEE		Date of Disbursement MM / DD / YYYY 04 / 15 / 2021
Mailing Address PO BOX 83142		FEC Identification Number C C00305318 Transaction ID : SB23.8032 Amount of Each Disbursement this Period 2500.00
City GAITHERSBURG	State MD	Zip Code 20883
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. BUDDY CARTER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 15 / 2021
Mailing Address PO BOX 10570		FEC Identification Number C C00543967 Transaction ID : SB23.8031 Amount of Each Disbursement this Period 5000.00
City SAVANNAH	State GA	Zip Code 31412
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name CARTER, EARL LEROY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 01	Memo Item <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	12500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. POINT ACTION PAC, INC.		Date of Disbursement MM / DD / YYYY 05 / 26 / 2021
Mailing Address PO BOX 420304		FEC Identification Number C C00738260 Transaction ID : SB23.8036 Amount of Each Disbursement this Period 3000.00
City ATLANTA	State GA	Zip Code 30342
Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. TEXANS FOR JODEY ARRINGTON		Date of Disbursement MM / DD / YYYY 05 / 26 / 2021
Mailing Address PO BOX 6687		FEC Identification Number C C00588657 Transaction ID : SB23.8038 Amount of Each Disbursement this Period 2500.00
City LUBBOCK	State TX	Zip Code 79493
Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name ARRINGTON, JODEY COOK, , ,	Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 19		

Full Name (Last, First, Middle Initial) C. TOGETHER HOLDING OUR MAJORITY PAC		Date of Disbursement MM / DD / YYYY 05 / 26 / 2021
Mailing Address PO BOX 97275		FEC Identification Number C C00571323 Transaction ID : SB23.8035 Amount of Each Disbursement this Period 3000.00
City RALEIGH	State NC	Zip Code 27624
Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. TOM REED FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 94

City CORNING State NY Zip Code 14830

Purpose of Disbursement Contribution

Candidate Name REED, THOMAS W, , ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: NY District: 23

Date of Disbursement: 02 / 18 / 2021

FEC Identification Number: C00464032
Transaction ID : SB23.8028

Amount of Each Disbursement this Period: 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	31900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Friends of Chris Carr, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 724842

City Atlanta State GA Zip Code 31139

Purpose of Disbursement Carr, Christopher Michael, Attorney General, GA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 26 / 2021

FEC Identification Number: C

Transaction ID : SB29.8034

Amount of Each Disbursement this Period: 2000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00