

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

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

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

Signature of Treasurer Sierpina, Raymond, , , [Electronically Filed] Date 07 / 06 / 2017

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="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="39057.60"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16800.15"/>	<input type="text" value="16800.15"/>
(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="55857.75"/>	<input type="text" value="55857.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30641.34"/>	<input type="text" value="30641.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="25216.41"/>	<input type="text" value="25216.41"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Gentiva Health Services Inc PAC GentivaPAC**

Report Covering the Period: From:  /  /  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).....	13115.00	13115.00
(ii) Unitemized .....	3685.15	3685.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16800.15	16800.15
(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) .....	16800.15	16800.15
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)).....▶	16800.15	16800.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16800.15	16800.15

**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 .....	641.34	641.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	641.34	641.34
22. Transfers to Affiliated/Other Party Committees.....	30000.00	30000.00
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)) ..	30641.34	30641.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30641.34	30641.34

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16800.15	16800.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16800.15	16800.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	641.34	641.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	641.34	641.34

**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 18
<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. 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 ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290454254801**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$10.00 Weekly)

**B. 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 ▼ 240.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290456454801**  
 Amount of Each Receipt this Period 240.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Beasley, Selece Yvonne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 974 Hearthstone Place  
 City Stone Mountain State GA Zip Code 30083-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) SVP CCO KAH  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290457054801**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	760.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
<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. 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 ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290457254801**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. 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) Gentiva Health Services Inc. Occupation (for Individual) DVP Sales KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290457354801**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. 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 ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290457454801**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	780.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
	<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. 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 ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290457654801**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. 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 ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290457754801**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. 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 ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290458054801**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	845.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
<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. 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 ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290458154801**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Cundiff, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4301 San Marcos Rd.  
 City Louisville State KY Zip Code 40299-1407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) AVP Operations HH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290458454801**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. 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) Gentiva Exempt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290458754801**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	975.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mascardi, Rosa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1412 Green Edge Trl  
 City Wake Forest State NC Zip Code 27587-6121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) DVP Sales KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290458954801**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. 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 ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290459054801**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. 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 ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290459154801**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	975.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
<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. 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 ▼ 390.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290459254801**  
 Amount of Each Receipt this Period 390.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. 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 ▼ 390.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290459354801**  
 Amount of Each Receipt this Period 390.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. 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 ▼ 215.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290459654801**  
 Amount of Each Receipt this Period 215.00  
 Memo Item  
 P/R Deduction (\$5.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	995.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
<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. 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 ▼ 455.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290459954801**  
 Amount of Each Receipt this Period 455.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. 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 ▼ 520.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290460154801**  
 Amount of Each Receipt this Period 520.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. 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 ▼ 520.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290460454801**  
 Amount of Each Receipt this Period 520.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1495.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 18
<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. 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 ▼ 520.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290460554801**  
 Amount of Each Receipt this Period 520.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. 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 ▼ 520.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290460754801**  
 Amount of Each Receipt this Period 520.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Ledbetter, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1620 Elder Hill Rd  
 City Driftwood State TX Zip Code 78619-9104  
 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 ▼ 650.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2290460954801**  
 Amount of Each Receipt this Period 650.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1690.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 18
<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. 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 ▼ 600.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2290461254801**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. 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) VP Med Aff & CMO KAH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2290462254801**  
 Amount of Each Receipt this Period 910.00  
 Memo Item  
 P/R Deduction (\$70.00 Bi-Weekly)

**C. Drake, Shannon, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3193 Wicks Creek Trail  
 City Marietta State GA Zip Code 30062-4838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) SVP & Chief Counsel KAH  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2290462354801**  
 Amount of Each Receipt this Period 490.00  
 Memo Item  
 P/R Deduction (\$70.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 18  
(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. 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : PR2290462654801**  
 Amount of Each Receipt this Period  
 1300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : PR2290462854801**  
 Amount of Each Receipt this Period  
 1300.00  
 Memo Item  
 P/R Deduction (\$100.00 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  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13115.00

**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 Y Y  
02 / 15 / 2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 75045581**

Amount of Each Disbursement this Period

[REDACTED] 118.11

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 Y Y  
03 / 15 / 2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 75269944**

Amount of Each Disbursement this Period

[REDACTED] 104.70

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 Y Y  
04 / 17 / 2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 75448957**

Amount of Each Disbursement this Period

[REDACTED] 104.41

Bank service fee

Memo Item

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

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

[REDACTED] 327.22

[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
0	5		1	5		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : 75594697**

Amount of Each Disbursement this Period

[REDACTED] 104.46

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	6		1	5		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : 75807274**

Amount of Each Disbursement this Period

[REDACTED] 105.74

Bank service fee

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[REDACTED]

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

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

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

[REDACTED] 210.20

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

[REDACTED] 537.42

**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**

Mailing Address 680 S. Fourth Street

City  
Louisville

State  
KY

Zip Code  
40202

Purpose of Disbursement  
Transfer to affiliated committee

008

Category/  
Type

Candidate Name

**Kindred Healthcare, Inc. PAC**

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	1		1	1		2	0	1	7

FEC Identification Number

C C00242271

**Transaction ID : 74864239**

Amount of Each Disbursement this Period

30000.00

Transfer to affiliated committee

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

30000.00

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

30000.00