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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autho	onzea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Gentiva Health Service	es Inc PAC GentivaPA	C	
ADDRESS (number and street)	3350 Riverwood Parkway, Sui	te 1400	
Check if different			
than previously reported. (ACC)	Atlanta		GA 30339
2. FEC IDENTIFICATION N	UMBER ▼ CITY	A	STATE ▲ ZIP CODE ▲
C C00407080	3. IS	THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 2 Report Due On:	0 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		0 (M3) Jun 20 (M6	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		0 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (0	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (0	Q3)	M M / D D	Y Y Y Y in the
January 31 Year-End Report (YE) Election	on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on	in the State of
5. Covering Period 0		through 06	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the	nis Report and to the best of n	ny knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Sierpina, Raymond, , , er		
Signature of Treasurer	vina, Raymond, , ,	[Electronically Filed]	Date 07 / 06 / 2017
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Gentiva Health Services Inc PAC GentivaPAC

Report Covering the Period: From: 01 01 2017 To: 06 30 2017

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		39057.60
	(b) Cash on Hand at Beginning of Reporting Period	39057.60	
	(c) Total Receipts (from Line 19)	16800.15	16800.15
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55857.75	55857.75
7.	Total Disbursements (from Line 31)	30641.34	30641.34
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25216.41	25216.41
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Gentiva Health Services Inc PAC GentivaPAC

2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 13115.00 13115.00 (i) Itemized (use Schedule A)..... 3685.15 3685.15 (ii) Unitemized (iii) TOTAL (add 16800.15 16800.15 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 16800.15 16800.15 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (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 16800.15 16800.15 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Allo	g Expenditures: —— cated Federal/Non-Federal		Calculate Total to Date
	vity (from Schedule H4)	0.00	0.00
(i)	Federal Share	0.00	0.00
, ,	Non-Federal Share	0.00	0.00
	er Federal Operating enditures	641.34	641.34
(c) Tota	I Operating Expenditures		1 1 1 1 1 1 1 1 1
	21(a)(i), (a)(ii), and (b))	641.34	641.34
Committe	s to Affiliated/Other Party	30000.00	30000.00
3. Contribut Federal (Candidates/Committees	0.00	0.00
	er Political Committeeslent Expenditures	0.00	4 4
(use Sch Coordina	edule E)ted Party Expenditures	0.00	0.00
(52 U.S.0	C. § 30116(d)) edule F)	0.00	0.00
. Loan Re	payments Made	0.00	0.00
	<u> </u>	4 4 4	
. Refunds	adeof Contributions To: viduals/Persons Other	0.00	0.00
	n Political Committees	0.00	0.00
(b) Polit	ical Party Committees	0.00	0.00
` '	er Political Committees	4 4	
	h as PACs) I Contribution Refunds	0.00	0.00
` '	Lines 28(a), (b), and (c))	0.00	0.00
. Other Di	sbursements (Including		
	eral Donations)	0.00	0.00
Federal I	Election Activity (52 U.S.C. § 30101(20))		
(a) Alloc	cated Federal Election Activity		
	n Schedule H6)		
(i) F	ederal Share	0.00	0.00
٠,	Levin" Share	0.00	0.00
	eral Election Activity Paid rely With Federal Funds	200	200
	Federal Election Activity (add	0.00	0.00
Line	s 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	bursements (add Lines 21(c), 22,		
23, 24, 2	25, 26, 27, 28(d), 29 and 30(c))	30641.34	30641.34
	deral Disbursements		
	Line 21(a)(ii) and Line 30(a)(ii)	222121	
HOIH LIN		30641.34	30641.34

DETAILED SUMMARY PAGE

of Disbursements

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)	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

FOR LINE NUMBER: PAGE 6 Use separate schedule(s) (check only one) **X** 11a 11b 11c

OF

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAC GentivaPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Carr, Ginger, , , Date of Receipt Mailing Address 604 Countryside Estate 2017 City Zip Code State Transaction ID: PR2290454254801 AR Alma 72921-7762 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. **Executive Dir Home Health** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Weekly) 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jans, Lisa, L,, Date of Receipt Mailing Address 13783 46th Lane Ne 2017 City State Zip Code Transaction ID : PR2290456454801 MN Saint Michael 55376-4545 Amount of Each Receipt this Period FEC ID number of contributing 240.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. Area Dir Ops Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Beasley, Selece Yvonne, , , Date of Receipt Mailing Address 974 Hearthstone Place 30 2017 City State Zip Code Transaction ID: PR2290457054801 GΑ Stone Mountain 30083-2506 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. SVP CCO KAH Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) 760.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

Use separate schedule(s) for each category of the

l	FOR LINE NUMBER:					PAGE		7	OF	18	
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAC GentivaPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Evans, Regina, D, , Date of Receipt Mailing Address 2 Mossy Rock Lane 2017 City Zip Code State Transaction ID: PR2290457254801 GA Cartersville 30120-7474 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr Dir Operl Initiatives Gentiva Health Services Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Haglund, Matthew, R, , Date of Receipt Mailing Address 537 Mayfair Circle 2017 City State Zip Code Transaction ID : PR2290457354801 FL Orlando 32803-6624 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. **DVP Sales KAH** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hughes, Jackie, M., Date of Receipt Mailing Address 5236 W Alameda Rd 30 2017 City State Zip Code Transaction ID: PR2290457454801 ΑZ Glendale 85310-3707 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. Sr Dir Reg Finance KAH Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) 780.00 SUBTOTAL of Receipts This Page (optional).....

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

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NAME OF COMMITTEE (In Full)

Gentiva Health Services Inc PAC Gentiva PAC

NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PA	AC GentivaPAC	
Full Name of Individual (Last, First, Middle In Nordman, Derek, G, , Mailing Address 1906 Skybrooke Lane	itial) or Full Organization Name	Date of Receipt
City Hoschton FEC ID number of contributing federal political committee.	State Zip Code 30548-6284	Transaction ID: PR2290457654801 Amount of Each Receipt this Period 260.00
Name of Employer (for Individual) Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) VP Division Ops KAH Aggregate Year-to-Date 260.00	Memo Item P/R Deduction (\$20.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle In O'hara, Laurie, , , Mailing Address 702 Woodcrest Dr.	itial) or Full Organization Name	Date of Receipt 06 30 2017
City Winston Salem FEC ID number of contributing federal political committee.	State	Transaction ID : PR2290457754801 Amount of Each Receipt this Period 260.00
Name of Employer (for Individual) Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) DVP Sales KAH Aggregate Year-to-Date ▼ 260.00	Memo Item P/R Deduction (\$20.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle In Kramme, Mary, , , Mailing Address 701 Brighton Court City Rolla FEC ID number of contributing federal political committee.	State Zip Code 65401-3982	Date of Receipt M M M / 30 / 2017 Transaction ID : PR2290458054801 Amount of Each Receipt this Period 325.00
Name of Employer (for Individual) Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	Occupation (for Individual) AVP Operations Comm Care Aggregate Year-to-Date ▼ 325.00	Memo Item P/R Deduction (\$25.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	•	845.00

Use separate schedule(s)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAC GentivaPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bagwell, Camille, L,, Date of Receipt Mailing Address P.o. Box 256 2017 City Zip Code State Transaction ID: PR2290458154801 NC Kings Mountain 28086-0256 Amount of Each Receipt this Period FEC ID number of contributing C 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) DVP Ops Home Health KAH Gentiva Health Services Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 325.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cundiff, Barbara, , , Date of Receipt Mailing Address 4301 San Marcos Rd. 2017 City State Zip Code Transaction ID : PR2290458454801 KY Louisville 40299-1407 Amount of Each Receipt this Period FEC ID number of contributing 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. **AVP Operations HH** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) Other (specify) ▼ 325.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Griffin, Mary, P,, Date of Receipt Mailing Address 12025 Wildwood Springs Drive 30 2017 City Zip Code State Transaction ID: PR2290458754801 GΑ Roswell 30075-1843 Amount of Each Receipt this Period FEC ID number of contributing C 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. Gentiva Exempt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 325.00 Other (specify)

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAC GentivaPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mascardi, Rosa,,, Date of Receipt Mailing Address 1412 Green Edge Trl 2017 City Zip Code State Transaction ID: PR2290458954801 NC Wake Forest 27587-6121 Amount of Each Receipt this Period FEC ID number of contributing C 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **DVP Sales KAH** Gentiva Health Services Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 325.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ward, Virgel, E,, Date of Receipt Mailing Address 28 Erika Lane 2017 City State Zip Code Transaction ID : PR2290459054801 Collinsville 62234-2237 Amount of Each Receipt this Period FEC ID number of contributing 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. Area Director Sales Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) Other (specify) 325.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wilbanks, Melissa, M., Date of Receipt Mailing Address 854 Vanessa Drive 30 2017 City State Zip Code Transaction ID: PR2290459154801 AL Trussville 35173-3250 Amount of Each Receipt this Period FEC ID number of contributing C 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. **AVP Sales KAH** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 325.00 Other (specify) 975.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAC GentivaPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Champion, Tanya, L, , Date of Receipt Mailing Address 332 Sheppard Rd 2017 City Zip Code State Transaction ID: PR2290459254801 AL Taylor 36301-0737 Amount of Each Receipt this Period FEC ID number of contributing 390.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP Regional Ops KAH Gentiva Health Services Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.00 Bi-Weekly) 390.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dolin, Connie, , , Date of Receipt Mailing Address 105 Ashton Woods Ct 2017 City State Zip Code Transaction ID : PR2290459354801 NC Mt Holly 28120-9482 Amount of Each Receipt this Period FEC ID number of contributing 390.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. VP Regional Clin Ops KAH Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.00 Bi-Weekly) Other (specify) ▼ 390.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pierce, Leland, , , Date of Receipt Mailing Address 2103 Bloomsbury Rd 30 2017 City State Zip Code Transaction ID: PR2290459654801 NC Greenville 27858-8501 Amount of Each Receipt this Period FEC ID number of contributing 215.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. Dir Clin Ops Support HH Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$5.00 Bi-Weekly) 215.00 Other (specify) 995.00 SUBTOTAL of Receipts This Page (optional).....

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

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAC GentivaPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sylvestre, Trevor, M,, Date of Receipt Mailing Address 250 Bontura Drive 2017 City Zip Code State Transaction ID: PR2290459954801 GA Senoia 30276-1330 Amount of Each Receipt this Period FEC ID number of contributing C 455.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr Dir Finance KAH Gentiva Health Services Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$35.00 Bi-Weekly) 455.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Aurelio, John, , , Date of Receipt Mailing Address 1104 Wickford Court 2017 City State Zip Code Transaction ID : PR2290460154801 TX Keller 76248-5740 Amount of Each Receipt this Period FEC ID number of contributing 520.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. SVP Region Ops KAH Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Elkin, Mary, , , Date of Receipt Mailing Address 9 Somerset Lane #311 30 2017 City State Zip Code Transaction ID: PR2290460454801 NJ Edgewater 07020-2403 Amount of Each Receipt this Period FEC ID number of contributing C 520.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. VP Enterprise SIs Support Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 520.00 Other (specify) 1495.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAC GentivaPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Knight, Rebecca, W,, Date of Receipt Mailing Address 3048 Steel Creek Rd 2017 City Zip Code State Transaction ID: PR2290460554801 MS Georgetown 39078-9707 Amount of Each Receipt this Period FEC ID number of contributing 520.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **DVP Operations HH** Gentiva Health Services Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Shoemaker, Paula, , , Date of Receipt Mailing Address 2950 Mt Wilkinson Parkway 2017 #815 City State Zip Code Transaction ID : PR2290460754801 GA Atlanta 30339-3662 Amount of Each Receipt this Period FEC ID number of contributing 520.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. VP Specialties KAH Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ledbetter, George, , , Date of Receipt Mailing Address 1620 Elder Hill Rd 30 2017 City State Zip Code Transaction ID: PR2290460954801 TX Driftwood 78619-9104 Amount of Each Receipt this Period FEC ID number of contributing C 650.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gentiva Health Services Inc. Sr Dir Managed Care KAH Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 650.00 Other (specify) 1690.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

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	NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAG	C GentivaF	PAC	
Α.	Full Name of Individual (Last, First, Middle Initi Eubanks, David, A, ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2905 Park Ridge Dr.	14		06 30 / 2017
	City Paragould	State AR	Zip Code 72450-6029	Transaction ID : PR2290461254801
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 600.00
	Name of Employer (for Individual) Gentiva Health Services Inc.	Memo Item		
	Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$50.00 Bi-Weekly)		
В.	Full Name of Individual (Last, First, Middle Initi	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 1904 Sager Rd	State	Zip Code	06 30 2017
	City Rockdale	Transaction ID : PR2290462254801 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С	76567-2058	910.00
	Name of Employer (for Individual) Gentiva Health Services Inc.		ation (for Individual) ed Aff & CMO KAH	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 910.00	P/R Deduction (\$70.00 Bi-Weekly)
<u> </u>	Full Name of Individual (Last, First, Middle Initi	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 3193 Wicks Creek Trail			06 30 2017
	City Marietta	State GA	Zip Code 30062-4838	Transaction ID : PR2290462354801
	FEC ID number of contributing federal political committee.	С	00002 4000	Amount of Each Receipt this Period 490.00
	Name of Employer (for Individual) Gentiva Health Services Inc.		ation (for Individual) Chief Counsel KAH	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Ye		P/R Deduction (\$70.00 Bi-Weekly)
H	SUBTOTAL of Receipts This Page (optional)			2000.00

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

FOR LINE NUMBER:				: PAGE	E 15 OF	18			
(check only one)									
	X	11a	11b	11c	12				
ı		13	14	15	16	17			

	Statements may not be sold or used by any perse name and address of any political committee to						
NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PA	AC GentivaPAC						
Full Name of Individual (Last, First, Middle Ir Causby, David, A, ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Causby, David, A, ,						
Mailing Address 4000 Heatherwood Way	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y						
City Roswell	State Zip Code GA 30075-2284	Transaction ID : PR2290462654801 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	1300.00					
Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) EVP & President KAH	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle Ir Sexe, Todd, , , Mailing Address 8186 Enclave Road	Date of Receipt						
City Woodbury	State Zip Code MN 55125-3032	06 30 2017 Transaction ID : PR2290462854801 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1300.00					
Name of Employer (for Individual) Gentiva Health Services Inc.	Occupation (for Individual) SVP Region Ops KAH	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle Ir	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name						
Mailing Address	M = M / D = D / Y = Y = Y						
City	State Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (optional)		2600.00					
TOTAL This Period (last page this line number	c only)	13115.00					

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 OF										
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(check or	· — · — — —									
		Summary Page	211		23 28c	26 29	27 30b						
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NAME OF COMMITTEE (In Full)													
Gentiva Health Services Inc PAC	Gentiva	PAC											
Full Name (Last, First, Middle Initial)	Data of Bishamana												
A. Bank of America	Date of Disbursement												
Mailing Address PO Box 15284	Mailing Address PO Box 15284												
City Wilmington	State DE	Zip Code 19850	FEC Identification Number										
Purpose of Disbursement Bank service fee			204										
Candidate Name			001) : 75045 5							
Candidate Name			Category/ Type	Amount o	of Each D	isburseme	nt this Per	iod					
Office Sought: House Disburse	ement For:		-7	118.11									
Senate	Primary	General	Bank service fee										
State: President State:	Other (sp	ecify) \blacktriangledown		Mem	o Item								
Full Name (Last, First, Middle Initial)													
B. Bank of America	•						Date of Disbursement						
Mailing Address PO Box 15284	03 15 2017												
City	State	Zip Code	FEC Identification Number										
Wilmington Purpose of Disbursement	DE	19850			C								
Bank service fee	Transaction ID : 75269944												
Candidate Name		Category/ Type nent For: Primary General Other (specify)			Amount of Each Disbursement this Period 104.70 Bank service fee Memo Item								
Office Sought: House Disburs	ament For:												
Senate Sought.	_												
President	1												
State: District:	IVIEITI	o item											
Full Name (Last, First, Middle Initial) C. Bank of America	Date of Disbursement												
Mailing Address PO Box 15284	04 17 2017												
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Wilmington	DE	19850	FEC Identification Number										
Purpose of Disbursement Bank service fee		001	C	saction IT	D : 754489	57							
Candidate Name	Amount of Each Disbursement this Period												
Office Sought: House Disburs		Туре		7	-	104.41							
Senate	Primary	General	Bank service fee										
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State. Biodifet.						_		_					
SUBTOTAL of Disbursements This Page (optional)			·····				327.22						
TOTAL This Period (last page this line number only	v)							П					

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SCHEDULE B (FEC Form 3X)	11	anala este de la Co	FOR LIN	FOR LINE NUMBER: PAGE 17 OF 18							
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	I `	only one)							
		Summary Page	X 2 ²	1b 22 28b	23 26 27 28c 29 30b						
Any information copied from such Reports and State	ments may	not be sold or use									
or for commercial purposes, other than using the nat											
NAME OF COMMITTEE (In Full)											
Gentiva Health Services Inc PAC	Gentiva	PAC									
Full Name (Last, First, Middle Initial)	Data of F										
A. Bank of America	Date of L	Date of Disbursement									
Mailing Address PO Box 15284	Mailing Address PO Box 15284										
City Wilmington	State DE	Zip Code 19850		FEC Identification Number							
Purpose of Disbursement		10000		C							
Bank service fee			001		saction ID : 75594697						
Candidate Name			Category/		f Each Disbursement this Period						
Office Sought: House Disburse	ment For:		Type		104.46						
Senate Disbulse	Primary				7 7 7						
President	Other (spe	ecify) 🔻		Memo	Bank service fee						
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B. Bank of America				M M	Disbursement / P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address PO Box 15284	06										
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Wilmington Purpose of Disbursement	DE	19850			C						
Bank service fee		Transaction ID : 75807274									
Candidate Name		of Each Disbursement this Period									
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Senate Dispurse	1				Bank service fee						
President	,				o Item						
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c .		M M / D D / Y Y Y Y									
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SUBTOTAL of Disbursements This Page (optional).			·····•		210.20						
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			Summary Page			lb Ba	22 28b		23 28c	Ш	29	30			
Ar	by information copied from such Reports and Stater	ments mav	not be sold or us	sed by				pur						s	
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	NAME OF COMMITTEE (In Full)	o	240												
	Gentiva Health Services Inc PAC (GentivaF	PAC												
_	Full Name (Last, First, Middle Initial)							5							
Α.	Kindred Healthcare, Inc. PAC							Date of Disbursement							
	Mailing Address 680 S. Fourth Street						01 / 11 / 2017								
	,	State Zip Code				FEC Identification Number									
	Louisville Purpose of Disbursement	KY	40202			_		000	00400	74		-	1		
	Transfer to affiliated committee			800	Ш	C)24227		74004	220				
	Candidate Name			Cat	tegory/	Transaction ID: 748 Amount of Each Disburs									
	Kindred Healthcare, Inc. PAC				Гуре			-	-	_		30000	000	\neg	
	Office Sought: House Disburser Senate	ment For:	Gonoral						7	_	7	30000).00		
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	Candidate Name	Category/ Type			4	Amount of Each Disbursement					ent this	s Peri	od		
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l í	OTAL This Period (last page this line number only))			······ >										