

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 04 / 01 / 2018 through 06 / 30 / 2018

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

Signature of Treasurer Sierpina, Raymond, , , [Electronically Filed] Date 07 / 11 / 2018

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)

Page 2

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="2018"/> | <input type="text" value="9548.90"/> | <input type="text" value="9548.90"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="16596.75"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="14083.22"/> | <input type="text" value="21446.32"/> |
| (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="30679.97"/> | <input type="text" value="30995.22"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="315.42"/> | <input type="text" value="630.67"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="30364.55"/> | <input type="text" value="30364.55"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Gentiva Health Services Inc PAC GentivaPAC

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2018 To: M M / D D / Y Y Y Y 06 / 30 / 2018

| 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)..... | 4915.00 | 9100.00 |
| (ii) Unitemized | 1297.05 | 4475.15 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 6212.05 | 13575.15 |
| (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) | 6212.05 | 13575.15 |
| 12. Transfers From Affiliated/Other Party Committees..... | 7871.17 | 7871.17 |
| 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)).....▶ | 14083.22 | 21446.32 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 14083.22 | 21446.32 |

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 | 315.42 | 630.67 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 315.42 | 630.67 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 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)) .. | 315.42 | 630.67 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 315.42 | 630.67 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 6212.05 | 13575.15 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6212.05 | 13575.15 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 315.42 | 630.67 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 315.42 | 630.67 |

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 14 |
| <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. 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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2018 |

Transaction ID : PR2290454260034

Amount of Each Receipt this Period
130.00

Memo Item

P/R Deduction (\$10.00 Weekly)

B. Beasley, Selece Yvonne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 974 Hearthstone Place

| | | |
|------------------------|-------------|------------------------|
| City Stone Mountain | State GA | Zip Code 30083-2506 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Gentiva Health Services Inc. | Occupation (for Individual) SVP CCO KAH |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2018 |

Transaction ID : PR2290457060034

Amount of Each Receipt this Period
120.00

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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2018 |

Transaction ID : PR2290457460034

Amount of Each Receipt this Period
120.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 370.00 |
| 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 14 |
| <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 / 2018
Transaction ID : PR2290457660034
 Amount of Each Receipt this Period 120.00
 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 / 2018
Transaction ID : PR2290457660034
 Amount of Each Receipt this Period 120.00
 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 / 2018
Transaction ID : PR2290458060034
 Amount of Each Receipt this Period 175.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 415.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 8 OF 14 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2290458460034
 Amount of Each Receipt this Period 175.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Griffin, Mary, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12025 Wildwood Springs Drive
 City Roswell State GA Zip Code 30075-1843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Exec Dir Foundation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2290458760034
 Amount of Each Receipt this Period 175.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2290458960034
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 500.00 |
| 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 14 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Ward, Virgel, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Erika Lane
 City Collinsville State IL Zip Code 62234-2237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Area Director Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2290459060034
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Wilbanks, Melissa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 854 Vanessa Drive
 City Trussville State AL Zip Code 35173-3250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) AVP Sales KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2290459160034
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Champion, Tanya, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 Sheppard Rd
 City Taylor State AL Zip Code 36301-0737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) VP Regional Ops KAH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2290459260034
 Amount of Each Receipt this Period 180.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 480.00 |
| 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 14 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Dolin, Connie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Ashton Woods Ct
 City Mt Holly State NC Zip Code 28120-9482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) VP CAO KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2290459360034
 Amount of Each Receipt this Period 180.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

B. 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 / 2018
Transaction ID : PR2290459960034
 Amount of Each Receipt this Period 210.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

C. 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 / 2018
Transaction ID : PR2290460160034
 Amount of Each Receipt this Period 240.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 630.00 |
| 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 14 |
| <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. 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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2018 |

Transaction ID : PR2290460460034

Amount of Each Receipt this Period
240.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

B. 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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2018 |

Transaction ID : PR2290460560034

Amount of Each Receipt this Period
240.00

Memo Item

P/R Deduction (\$40.00 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 30339-3662 |
|-----------------|-------------|------------------------|

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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2018 |

Transaction ID : PR2290460760034

Amount of Each Receipt this Period
240.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 720.00 |
| 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 14 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Crossno, Ronald, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1904 Sager Rd
 City Rockdale State TX Zip Code 76567-2058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) VPMA & CMO KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2290462260034
 Amount of Each Receipt this Period 600.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Causby, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Heatherwood Way
 City Roswell State GA Zip Code 30075-2284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) EVP & President KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2290462660034
 Amount of Each Receipt this Period 600.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Sexe, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8186 Enclave Road
 City Woodbury State MN Zip Code 55125-3032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) SVP Region Ops KAH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2290462860034
 Amount of Each Receipt this Period 600.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1800.00 |
| TOTAL This Period (last page this line number only)..... | 4915.00 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 13 OF 14 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" 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. Kindred Healthcare, Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 680 S. Fourth Street

| | | |
|--------------------|-------------|-------------------|
| City Louisville | State KY | Zip Code 40202 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00242271

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 20 | / | 2018 |

Transaction ID : 78128161

Amount of Each Receipt this Period
7000.00

Memo Item

Transfer from affiliated committee

B. Kindred Healthcare, Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 680 S. Fourth Street

| | | |
|--------------------|-------------|-------------------|
| City Louisville | State KY | Zip Code 40202 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00242271

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7871.17

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2018 |

Transaction ID : 78128163

Amount of Each Receipt this Period
871.17

Memo Item

Transfer from affiliated committee

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 7871.17 |
| TOTAL This Period (last page this line number only).....▶ | 7871.17 |

**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 | 4 | | 1 | 6 | | 2 | 0 | 1 | 8 |

FEC Identification Number

C [REDACTED]

Transaction ID : 77752143

Amount of Each Disbursement this Period

[REDACTED] 104.42

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 | 5 | | 1 | 5 | | 2 | 0 | 1 | 8 |

FEC Identification Number

C [REDACTED]

Transaction ID : 77981454

Amount of Each Disbursement this Period

[REDACTED] 104.66

Bank service fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 15284

City
Wilmington

State
DE

Zip Code
19850

Purpose of Disbursement
Bank service fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 8 |

FEC Identification Number

C [REDACTED]

Transaction ID : 78128160

Amount of Each Disbursement this Period

[REDACTED] 106.34

Bank service fee

Memo Item

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

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

[REDACTED] 315.42

[REDACTED] 315.42