

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: [X] April 15 Quarterly Report (Q1) [] July 15 Quarterly Report (Q2) [] October 15 Quarterly Report (Q3) [] January 31 Year-End Report (YE) [] July 31 Mid-Year Report (Non-election Year Only) (MY) [] Termination Report (TER)
(b) Monthly Report Due On: [] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11) (Non-Election Year Only) [] Mar 20 (M3) [] Jun 20 (M6) [] Sep 20 (M9) [] Dec 20 (M12) (Non-Election Year Only) [] Apr 20 (M4) [] Jul 20 (M7) [] Oct 20 (M10) [] Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: [] Primary (12P) [] General (12G) [] Runoff (12R) [] Convention (12C) [] Special (12S)
Election on MM/DD/YYYY in the State of
(d) 30-Day POST-Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

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 Raymond Sierpina

Signature of Treasurer Raymond Sierpina [Electronically Filed] Date 04 / 06 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>		<input type="text" value="16103.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16103.20"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11167.80"/>	<input type="text" value="11167.80"/>
(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="27271.00"/>	<input type="text" value="27271.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="-692.45"/>	<input type="text" value="-692.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27963.45"/>	<input type="text" value="27963.45"/>
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. 06/2004)

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).....	6415.00	6415.00
(ii) Unitemized	4752.80	4752.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11167.80	11167.80
(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)	11167.80	11167.80
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))..... ▶	11167.80	11167.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11167.80	11167.80

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	307.55	307.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	307.55	307.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1000.00	-1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	-692.45	-692.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-692.45	-692.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	11167.80	11167.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11167.80	11167.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	307.55	307.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	307.55	307.55

**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 13
<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. Adam Y Brooks
Full Name (Last, First, Middle Initial)
Mailing Address 7712 Rathlin Ct
City Charlotte State NC Zip Code 28270-0336
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation DVP Business Dev NCD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : PR2290459846676
Amount of Each Receipt this Period **210.00**
 Memo Item
P/R Deduction (\$35.00 Bi-Weekly)

B. Trevor M Sylvestre
Full Name (Last, First, Middle Initial)
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 Gentiva Health Services Inc. Occupation Finance Lvl 5 AVP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : PR2290459946676
Amount of Each Receipt this Period **210.00**
 Memo Item
P/R Deduction (\$35.00 Bi-Weekly)

C. John Aurelio
Full Name (Last, First, Middle Initial)
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 Gentiva Health Services Inc. Occupation Ops Level 2 (RSVP)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **280.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : PR2290460146676
Amount of Each Receipt this Period **280.00**
 Memo Item
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	700.00
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 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Raymond D. Clark
Full Name (Last, First, Middle Initial)

Mailing Address 3833 Cummins Street
Apt 1225

City Houston State TX Zip Code 77027-5878

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

Name of Employer Gentiva Health Services Inc. Occupation Clinical Level 3 (RVP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
03 / 31 / 2016
Transaction ID : PR2290460346676

Amount of Each Receipt this Period
240.00

Memo Item

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

B. Mary Elkin
Full Name (Last, First, Middle Initial)

Mailing Address 19401 Castlewood Circle

City Huntington Beach State CA Zip Code 92648-5534

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

Name of Employer Gentiva Health Services Inc. Occupation VP Enterprise SIs Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
03 / 31 / 2016
Transaction ID : PR2290460446676

Amount of Each Receipt this Period
240.00

Memo Item

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

C. Rebecca W Knight
Full Name (Last, First, Middle Initial)

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 Gentiva Health Services Inc. Occupation DVP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
03 / 31 / 2016
Transaction ID : PR2290460546676

Amount of Each Receipt this Period
280.00

Memo Item

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

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

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

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

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

A. Paula Shoemaker
Full Name (Last, First, Middle Initial)

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 Gentiva Health Services Inc. Occupation Sales Level 4 (VP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
03 / 31 / 2016
Transaction ID : PR2290460746676

Amount of Each Receipt this Period
240.00

Memo Item

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

B. Timothy E Swann
Full Name (Last, First, Middle Initial)

Mailing Address 11601 Locust View Court

City Jeffersontown State KY Zip Code 40299-5883

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

Name of Employer Gentiva Health Services Inc. Occupation Sales Level 4 (AVP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
03 / 31 / 2016
Transaction ID : PR2290460846676

Amount of Each Receipt this Period
240.00

Memo Item

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

C. George Ledbetter
Full Name (Last, First, Middle Initial)

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 Gentiva Health Services Inc. Occupation Mgd Care Level 4

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
03 / 31 / 2016
Transaction ID : PR2290460946676

Amount of Each Receipt this Period
350.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	830.00
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 13
<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. David A Eubanks
Full Name (Last, First, Middle Initial)
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 Gentiva Health Services Inc. Occupation Ops Level 4 Hosp (AVP)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR2290461246676
Amount of Each Receipt this Period 350.00
 Memo Item
P/R Deduction (\$50.00 Bi-Weekly)

B. Mary Ann Gregory
Full Name (Last, First, Middle Initial)
Mailing Address 644 Lewis Mill Lake Road
City Vienna State GA Zip Code 31092-4404
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation Sales Level 4 (AVP)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR2290461346676
Amount of Each Receipt this Period 350.00
 Memo Item
P/R Deduction (\$50.00 Bi-Weekly)

C. Deanna Faye Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 1645 Benbow Rd
City Inez State TX Zip Code 77968-3314
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation Executive Dir Home Health
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR2290461446676
Amount of Each Receipt this Period 500.00
 Memo Item
P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 13
<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. Christopher R Macinnis
 Full Name (Last, First, Middle Initial)
 Mailing Address 4633 Murphy Mill Ct
 City Marietta State GA Zip Code 30062-8169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Sales Level 3 (VP)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR2290462146676
 Amount of Each Receipt this Period 360.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

B. Ronald J Crossno
 Full Name (Last, First, Middle Initial)
 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 Gentiva Health Services Inc. Occupation VP Med Aff & CMO KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR2290462246676
 Amount of Each Receipt this Period 420.00
 Memo Item
 P/R Deduction (\$70.00 Bi-Weekly)

C. Shannon L Drake
 Full Name (Last, First, Middle Initial)
 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 Gentiva Health Services Inc. Occupation VP & Assoc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR2290462346676
 Amount of Each Receipt this Period 420.00
 Memo Item
 P/R Deduction (\$70.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 11 OF 13
(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. James Wayne Douglas
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 Circle Oak Cv
 City Austin State TX Zip Code 78749-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation President Community Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR2290462446676
 Amount of Each Receipt this Period 525.00
 Memo Item
 P/R Deduction (\$75.00 Bi-Weekly)

B. David A Causby
 Full Name (Last, First, Middle Initial)
 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 Gentiva Health Services Inc. Occupation EVP & President KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR2290462646676
 Amount of Each Receipt this Period 600.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Todd Sexe
 Full Name (Last, First, Middle Initial)
 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 Gentiva Health Services Inc. Occupation Ops Level 2 (RSVP)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR2290462846676
 Amount of Each Receipt this Period 600.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1725.00
TOTAL This Period (last page this line number only).....▶	6415.00

**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"/> 24	<input type="checkbox"/> 25	<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 State Zip Code
Wilmington DE 19850

Purpose of Disbursement
Bank service fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 70638317

Amount of Each Disbursement this Period

Memo Item
Bank service fee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Luke Messer for Congress

Mailing Address PO Box 917

City State Zip Code
Shelbyville IN 46176

Purpose of Disbursement
Void - Check dated 12.02.2014

Candidate Name
Rep. Luke Messer

Office Sought: House Senate President
State: IN District: 06
Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 14 / 2016

Transaction ID : 69498039

Amount of Each Disbursement this Period

-1000.00

Memo Item
Void - Check dated 12.02.2014

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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Office Sought: House Senate President
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Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

-1000.00

-1000.00