

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Gentiva Health Services Inc PAC GentivaPAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		9548.90
(b) Cash on Hand at Beginning of Reporting Period.....	36640.51	
(c) Total Receipts (from Line 19)	891.55	28905.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	37532.06	38454.87
7. Total Disbursements (from Line 31).....	83.43	1006.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37448.63	37448.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Gentiva Health Services Inc PAC GentivaPAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	795.00	15440.00
(ii) Unitemized	96.55	5594.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	891.55	21034.80
(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)	891.55	21034.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	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)).....▶	891.55	28905.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	891.55	28905.97

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	83.43	1006.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	83.43	1006.24
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)) ..	83.43	1006.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83.43	1006.24

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)	891.55	21034.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	891.55	21034.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	83.43	1006.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	83.43	1006.24

**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

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

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

A. Carr, Ginger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 604 Countryside Estate
 City Alma State AR Zip Code 72921-7762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Executive Dir Home Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290454262179
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Weekly)

B. Cavanaugh, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2720 SW Regal Drive
 City Lees Summit State MO Zip Code 64082-1427
 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 ▼ 210.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290454362179
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Howard, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 627 Wheatland Dr.
 City MC GREGOR State TX Zip Code 76657-9717
 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 ▼ 210.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290454862179
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	40.00
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. Roberts, Sarah, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40427 Pauls Crossing Rd
 City Richfield State NC Zip Code 28137-8666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Dir Nursing R&D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290455262179
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Scrima, Richard, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 368 Whitehall Street
 City Lynbrook State NY Zip Code 11563-1049
 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 ▼ 210.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290455462179
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Funk, Cheryl, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6780 West 30th Dr
 City West Terre Haute State IN Zip Code 47885-9730
 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 ▼ 315.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290456262179
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 35.00
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 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. Jans, Lisa, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13783 46th Lane Ne
 City Saint Michael State MN Zip Code 55376-4545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gentiva Health Services Inc. Occupation (for Individual) Area Dir Ops Home Health
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290456462179
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Beasley, Selece Yvonne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 974 Hearststone 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 ▼ 420.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290457062179
 Amount of Each Receipt this Period 20.00
 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 ▼ 420.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290457462179
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	55.00
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. 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 ▼ 420.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290457662179
 Amount of Each Receipt this Period 20.00
 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 ▼ 420.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290457762179
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Cundiff, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 San Marcos Rd.
 City Louisville State KY Zip Code 40299-1407
 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 ▼ 500.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290458462179
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	65.00
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. 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 ▼ 500.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290458762179
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. 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 ▼ 525.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290458962179
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. 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 ▼ 525.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290459062179
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 75.00
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. 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 ▼ 630.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290459362179
 Amount of Each Receipt this Period 30.00
 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 Director FP&A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290459962179
 Amount of Each Receipt this Period 35.00
 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 ▼ 840.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290460162179
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	105.00
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. 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 ▼ 840.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290460462179
 Amount of Each Receipt this Period 40.00
 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 ▼ 840.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290460562179
 Amount of Each Receipt this Period 40.00
 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 Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 17 / 2018
Transaction ID : PR2290460762179
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 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 ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2018
Transaction ID : PR2290462262179
 Amount of Each Receipt this Period
 100.00
 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) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2018
Transaction ID : PR2290462662179
 Amount of Each Receipt this Period
 100.00
 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 ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2018
Transaction ID : PR2290462862179
 Amount of Each Receipt this Period
 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	795.00

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

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

FOR LINE NUMBER:
(check only one)

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

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 (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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 78784854

Amount of Each Disbursement this Period

Bank service fee

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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