

# 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** C C00407080 **CITY** **STATE** **ZIP CODE**  
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 / 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 / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 06 / 30 / 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 M M / D D / Y Y Y Y Y Y 07 / 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"/>	<input type="text" value="16103.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27963.45"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11047.10"/>	<input type="text" value="22214.90"/>
(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="39010.55"/>	<input type="text" value="38318.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20323.37"/>	<input type="text" value="19630.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18687.18"/>	<input type="text" value="18687.18"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	8800.00	15215.00
(ii) Unitemized .....	2247.10	6999.90
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11047.10	22214.90
(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) .....	11047.10	22214.90
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))..... ▶	11047.10	22214.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11047.10	22214.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	323.37	630.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	323.37	630.92
22. Transfers to Affiliated/Other Party Committees.....	20000.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	-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)) ..	20323.37	19630.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20323.37	19630.92

**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) .....	11047.10	22214.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11047.10	22214.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	323.37	630.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	323.37	630.92

**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 19
	<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	

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. Selece Yvonne Beasley**  
Full Name (Last, First, Middle Initial)

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 Gentiva Health Services Inc. Occupation Reg Aff Clin Rsk Mgt DVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290457048280**

Amount of Each Receipt this Period 140.00

Memo Item

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

**B. Regina D Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Mossy Rock Lane

City Cartersville State GA Zip Code 30120-7474

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

Name of Employer Gentiva Health Services Inc. Occupation Sr Dir Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290457248280**

Amount of Each Receipt this Period 140.00

Memo Item

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

**C. Matthew R Haglund**  
Full Name (Last, First, Middle Initial)

Mailing Address 537 Mayfair Circle

City Orlando State FL Zip Code 32803-6624

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

Name of Employer Gentiva Health Services Inc. Occupation DVP Sales HCH KAH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290457348280**

Amount of Each Receipt this Period 140.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
<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. Jackie M Hughes**  
Full Name (Last, First, Middle Initial)  
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 Gentiva Health Services Inc. Occupation Finance Level 4 (RAVP)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290457448280**  
Amount of Each Receipt this Period 140.00  
 Memo Item  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Derek G Nordman**  
Full Name (Last, First, Middle Initial)  
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 Gentiva Health Services Inc. Occupation Clinical Level 3 (VP)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290457648280**  
Amount of Each Receipt this Period 140.00  
 Memo Item  
P/R Deduction (\$20.00 Bi-Weekly)

**c. Laurie O'hara**  
Full Name (Last, First, Middle Initial)  
Mailing Address 120 Cedar Trails  
City Winston Salem State NC Zip Code 27104-5011  
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 ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290457748280**  
Amount of Each Receipt this Period 140.00  
 Memo Item  
P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<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. Mary Kramme**  
Full Name (Last, First, Middle Initial)  
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 Gentiva Health Services Inc. Occupation AVP Operations KAH CC  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR2290458048280**  
Amount of Each Receipt this Period **150.00**  
 Memo Item  
P/R Deduction (\$25.00 Bi-Weekly)

**B. Camille L Bagwell**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.o. Box 256  
City Kings Mountain State NC Zip Code 28086-0256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gentiva Health Services Inc. Occupation Ops Level 4 HH (AVP)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR2290458148280**  
Amount of Each Receipt this Period **150.00**  
 Memo Item  
P/R Deduction (\$25.00 Bi-Weekly)

**C. Barbara Cundiff**  
Full Name (Last, First, Middle Initial)  
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 Gentiva Health Services Inc. Occupation Ops Level 4 HH (AVP)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR2290458448280**  
Amount of Each Receipt this Period **150.00**  
 Memo Item  
P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<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. Mary P Griffin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12025 Wildwood Springs Drive

City Roswell	State GA	Zip Code 30075-1843
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FEC ID number of contributing federal political committee. **C**

Name of Employer Gentiva Health Services Inc.	Occupation Gentiva Exempt
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR2290458748280**

Amount of Each Receipt this Period  
150.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

**B. Rosa Mascardi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1412 Green Edge Trl

City Wake Forest	State NC	Zip Code 27587-6121
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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 ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR2290458948280**

Amount of Each Receipt this Period  
175.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

**C. Virgel E Ward**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5915 Galli Lane

City Collinsville	State IL	Zip Code 62234-5836
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FEC ID number of contributing federal political committee. **C**

Name of Employer Gentiva Health Services Inc.	Occupation Area Director Sales
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR2290459048280**

Amount of Each Receipt this Period  
175.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<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. Melissa M Wilbanks**  
 Full Name (Last, First, Middle Initial)  
 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 Gentiva Health Services Inc. Occupation Sales Level 4 (AVP)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290459148280**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Tanya L Champion**  
 Full Name (Last, First, Middle Initial)  
 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 Gentiva Health Services Inc. Occupation DVP Operations HP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290459248280**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. Connie Dolin**  
 Full Name (Last, First, Middle Initial)  
 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 Gentiva Health Services Inc. Occupation Clinical Level 3 (RVP)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290459348280**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 595.00  
**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 19
<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. Leland Pierce**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2103 Bloomsbury Rd  
City Greenville State NC Zip Code 27858-8501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gentiva Health Services Inc. Occupation Clinical Ops Dir HH  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **390.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR2290459648280**  
Amount of Each Receipt this Period **210.00**  
 Memo Item  
P/R Deduction (\$30.00 Bi-Weekly)

**B. 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 **455.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR2290459848280**  
Amount of Each Receipt this Period **245.00**  
 Memo Item  
P/R Deduction (\$35.00 Bi-Weekly)

**C. 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 **455.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR2290459948280**  
Amount of Each Receipt this Period **245.00**  
 Memo Item  
P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 520.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290460148280**  
 Amount of Each Receipt this Period 240.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. 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 ▼ 520.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290460348280**  
 Amount of Each Receipt this Period 280.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. 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 Sls Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290460448280**  
 Amount of Each Receipt this Period 280.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
	<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. 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 ▼ 520.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290460548280**  
 Amount of Each Receipt this Period 240.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. 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 ▼ 520.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290460748280**  
 Amount of Each Receipt this Period 280.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. 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 ▼ 360.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290460848280**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	640.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
<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. 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 ▼ 650.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290460948280**

Amount of Each Receipt this Period 300.00

Memo Item

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

**B. 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 ▼ 600.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290461248280**

Amount of Each Receipt this Period 250.00

Memo Item

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

**C. 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 ▼ 400.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290461348280**

Amount of Each Receipt this Period 50.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 19
	<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. 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 ▼ 1150.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290461448280**

Amount of Each Receipt this Period 650.00

Memo Item

P/R Deduction (\$50.00 Weekly)

**B. 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 ▼ 780.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290462148280**

Amount of Each Receipt this Period 420.00

Memo Item

P/R Deduction (\$60.00 Bi-Weekly)

**C. 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 ▼ 910.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290462248280**

Amount of Each Receipt this Period 490.00

Memo Item

P/R Deduction (\$70.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1560.00

**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 16 OF 19
<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. 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 ▼ 910.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290462348280**  
Amount of Each Receipt this Period 490.00  
 Memo Item  
P/R Deduction (\$70.00 Bi-Weekly)

**B. 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 ▼ 750.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290462448280**  
Amount of Each Receipt this Period 225.00  
 Memo Item  
P/R Deduction (\$75.00 Bi-Weekly)

**C. 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 ▼ 1300.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290462648280**  
Amount of Each Receipt this Period 700.00  
 Memo Item  
P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1415.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 17 OF 19  
(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. 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 ▼ 1300.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR2290462848280**  
 Amount of Each Receipt this Period 700.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8800.00

**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 Wilmington State DE Zip Code 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 : 71131530**

Amount of Each Disbursement this Period

Memo Item  
Bank service fee

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 71560743**

Amount of Each Disbursement this Period

Memo Item  
Bank service fee

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 72065102**

Amount of Each Disbursement this Period

Memo Item  
Bank service fee

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

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

