Image#	20160	70690	2034	3617
iiiiaye n	20100	10030	2034	5017

REPORT OF RECEIPTS AND DISBUBSEMENTS

AI	U	DIJ	D	Und	DEIV		13
Ear	Other	Then	A	Autho	wined.	Comm	

FEC FORM 3X	Α	ND [RT OF DISBU Than An A	RSEN	IENT	S		Office Use On	ly
1. NAME OF COMMITTEE (in fu		PE OR PE	RINT 🔻		nple: If typ the lines.	ing, type	12FE4M5		
Gentiva Health	,		C. Gentiva		the intes.				
ADDRESS (number and	street)	3350 River	wood Parkwa	y, Suite 1400					
Check if differ									
than previousl reported. (AC		Atlanta					GA	30339	
2. FEC IDENTIFICA	TION NUME	BER 🔻		CITY 🔺			STATE	ZIP	CODE 🔺
C C00407080			3.	IS THIS REPORT	×	NEW (N) OR	(A)	IENDED	
 TYPE OF REPO (Choose One) (a) Quarterly Repo 	_	(b) Month Repor Due (rt n:	⁻ eb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15				Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15	Report (Q1) Report (Q2)		12-Day PRE -Election		Primary (12	P)	General	(12G)	Runoff (12R)
October 1			Report for the	:	Convention	(12C)	Special (12S)	
January 3			Ele	ction on	M M		Y Y Y Y Y	in ti Stat	he te of
July 31 M Report (N Year Only	on-election		30-Day POST -Electior Report for the		General (30)G)	Runoff (3	0R)	Special (30S)
Terminatio (TER)	n Report			ction on	M = M		Y Y Y Y Y	in ti Stat	he te of
5. Covering Period	M M 04	/ D D 01	/ Y Y 201	у У 6	through	M M 06	/ D D / 30	y y y 2016	Y
I certify that I have exa	amined this F	leport an	d to the best	of my knov	vledge and	belief it is tr	ue, correct and	d complete.	
Type or Print Name of	Treasurer	Raymond	Sierpina						
Signature of Treasurer	Raymond	Sierpina			[Electronical	lly Filed]	Date 07	/ D D D 06	/ Y Y Y Y 2016
NOTE: Submission of fa	lse, erroneous	s, or incor	nplete informa	ation may sul	oject the pe	rson signing t	this Report to th	e penalties of	2 U.S.C. §437g.
Office Use Only									DRM 3X 2/2004

PAGE 1 / 19

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENT

·	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Irite or Type Committee Name		
(Gentiva Health Services Inc PAC	GentivaPAC	
R		14 01 / Y Y Y Y 2016 To	b: 06 / 0 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		16103.20
	(b) Cash on Hand at Beginning of Reporting Period	27963.45	
	(c) Total Receipts (from Line 19)	11047.10	22214.90
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	39010.55	38318.10
7.	Total Disbursements (from Line 31)	20323.37	19630.92
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18687.18	18687.18
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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Gentiva Health Services Inc PAC GentivaPAC

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	0000.00	
	(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
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	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
2.	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
-		1	
4.	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures	7 7	7 7
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
6.	Refunds of Contributions Made		
	to Federal Candidates and Other		
-	Political Committees	0.00	0.00
1.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8	Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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
9.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))	11047.10	22214.90
0	Total Federal Receipts		

I

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
	erating Expenditures: 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	323.37	630.92
Tra	(add 21(a)(i), (a)(ii), and (b))► ansfers to Affiliated/Other Party		7 7
Co	mmittees ntributions to	20000.00	20000.00
and	deral Candidates/Committees d Other Political Committees	0.00	-1000.00
	ependent Expenditures e Schedule E)	0.00	0.00
(2	e Schedule E) ordinated Party Expenditures U.S.C. §441a(d)) e Schedule F)	0.00	0.00
Loa	an Repayments Made	0.00	0.00
Loa Rei	ans Made funds of Contributions To:	0.00	0.00
(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
(പ)	Total Contribution Refunds		
(d)	(add Lines 28(a), (b), and (c))►	0.00	0.00
Oth	ner Disbursements	0.00	0.00
Fee	deral Election Activity (2 U.S.C. §431(20))		
(a)	Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
		0.00	0.00
(b)	(ii) "Levin" Share Federal Election Activity Paid Entirely		
	With Federal Funds Total Federal Election Activity (add	0.00	0.00
(C)	Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
	al Disbursements (add Lines 21(c), 22,		
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	20323.37	19630.92
	al Federal Disbursements		
	btract Line 21(a)(ii) and Line 30(a)(ii) m Line 31)	20323.37	19630.92
		7 7 7 7 7	

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11047.10	22214.90		
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00		
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	11047.10	22214.90		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	323.37	630.92		
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
. Net Operating Expenditures (subtract Line 37 from Line 36)	323.37	630.92		

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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19

			Detailed Summary Page		-		11b		- F	12	<u> </u>		
Any i	nformation copied from such Reports and S	Statements ma	l ay not be sold or used by any p	erson f	13 or the	 puri	14 Dose o	15 f solic		16 contribu	tions		
or for	r commercial purposes, other than using the												
	AME OF COMMITTEE (In Full)		- DA O										
/ G	Sentiva Health Services Inc PA	C Gentiv											
	II Name (Last, First, Middle Initial) Selece Yvonne Beasley				Date of	Re	ceipt						
	Mailing Address 974 Hearthstone Place						30		Y	y y 2016	Y		
Ci	ty		06 Trans	acti			29045	704828	0				
	tone Mountain	GA	Zip Code 30083-2506	/						Period			
	EC ID number of contributing deral political committee.	С					,		,	140.	00		
Na	ame of Employer	Occupation			Mer	mo l	tem						
_	entiva Health Services Inc.												
Re	eceipt For:												
	Primary General Other (specify)		260.00] P.	/R Ded	uctio	on (\$20).00 Bi	-Wee	kly)			
	Full Name (Last, First, Middle Initial) Regina D Evans					Date of Receipt							
Ma	Mailing Address 2 Mossy Rock Lane						06 30 _2016 _						
Ci	City State Zip Code						Transaction ID : PR2290457248280						
C	artersville	GA	30120-7474	/	Amount of Each Receipt this Period								
	EC ID number of contributing deral political committee.	С			140.00 Memo Item								
	ame of Employer entiva Health Services Inc.	Occupation Sr Dir Huma	an Resources										
Re	eceipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 260.00	P/	/R Dedu	uctio	on (\$20).00 Bi	-Wee	kly)			
	III Name (Last, First, Middle Initial) Matthew R Haglund				Date of	Re	ceipt						
	ailing Address 537 Mayfair Circle		06 30 2016										
Ci	ty Drlando	State FL	Zip Code 32803-6624							734828			
				- '	Amount	: of	⊨ach I	Receip	ot this	Period			
	EC ID number of contributing deral political committee.	С					,		,	140.	00		
Na	ame of Employer	Occupation			Mer	mo l	tem						
	entiva Health Services Inc.	DVP Sales	5 НСН КАН										
Re	eceipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi-Weekly)									
			, ,	<u> </u>		_		_	_				
SUE	STOTAL of Receipts This Page (optional)						7		,	420.	00		

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

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAC	CGentivaPAC				
Full Name (Last, First, Middle Initial) Jackie M Hughes Mailing Address 5236 W Alameda Rd	Jackie M Hughes				
City	State Zip Code	06 30 2016 Transaction ID : PR2290457448280			
Glendale	AZ 85310-3707	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	140.00			
Name of Employer	Occupation	— Memo Item			
Gentiva Health Services Inc.	Finance Level 4 (RAVP)	_			
Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D Daduction (\$20.00 Bi Maakh)			
Other (specify) ▼	260.00	P/R Deduction (\$20.00 Bi-Weekly)			
Full Name (Last, First, Middle Initial) B. Derek G Nordman	Date of Receipt				
Mailing Address 1906 Skybrooke Lane	06 30 2016				
City	State Zip Code GA 30548-6284	Transaction ID : PR2290457648280			
Hoschton	GA 30548-6284	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	140.00			
Name of Employer Gentiva Health Services Inc.	Occupation Clinical Level 3 (VP)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)			
Full Name (Last, First, Middle Initial) C. Laurie O'hara		Date of Receipt			
Mailing Address 120 Cedar Trails	M M / D D / Y Y Y Y Y 06 30 2016				
City Winston Salem	State Zip Code NC 27104-5011	Transaction ID : PR2290457748280			
	27104-5011	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	140.00			
Name of Employer	Occupation	— Memo Item			
Gentiva Health Services Inc. Receipt For:	Sales Level 4 (AVP)	_			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)			
SUBTOTAL of Receipts This Page (optional)		420.00			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the								
$\Big\rangle$	NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAC	C Gentiv	aPAC						
Α.	· · · · · · · · · · · · · · · · · · ·			Date of Receipt					
	Mailing Address 701 Brighton Court	06 30 2016							
	Rolla	State MO	Zip Code 65401-3982	Transaction ID : PR2290458048280 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer	Occupation	1	Memo Item					
	Gentiva Health Services Inc.	AVP Opera	tions KAH CC						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)					
В.	Full Name (Last, First, Middle Initial) Camille L Bagwell	Date of Receipt							
	Mailing Address P.o. Box 256	06 / D D / Y Y Y Y Y 2016							
	City Kings Mountain	State NC	Zip Code 28086-0256	Transaction ID : PR2290458148280 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer Gentiva Health Services Inc.	Occupation Ops Level 4		— Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)					
С.	Full Name (Last, First, Middle Initial) Barbara Cundiff			Date of Receipt					
	Mailing Address 4301 San Marcos Rd.	M = M / D = D / Y = Y = Y = Y 2016 06 30 2016 10000 1000 1000							
	City Louisville	State KY	Zip Code 40299-1407	Transaction ID : PR2290458448280 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer	Occupation	1	— Memo Item					
	Gentiva Health Services Inc.	Ops Level	4 HH (AVP)						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			450.00					
	OTAL This Period (last page this line number o								

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PA	C Gentiv	aPAC								
Α.	Full Name (Last, First, Middle Initial) Mary P Griffin			Date of Receipt							
	Mailing Address 12025 Wildwood Springs Driv		The Octo	06 / D D / Y Y Y Y 06 30 2016							
	City Roswell	State GA	Zip Code 30075-1843	Transaction ID : PR2290458748280 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		150.00							
	Name of Employer	Occupation	1	— Memo Item							
	Gentiva Health Services Inc.	Gentiva Ex	empt								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)							
в.	Full Name (Last, First, Middle Initial) Rosa Mascardi	Date of Receipt									
	Mailing Address 1412 Green Edge Trl										
	City	Zip Code	Transaction ID : PR2290458948280								
	Wake Forest	NC	27587-6121	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		175.00							
	Name of Employer Gentiva Health Services Inc.	Occupation Sales Level		— Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)							
<u>с</u> .	Full Name (Last, First, Middle Initial) Virgel E Ward			Date of Receipt							
	Mailing Address 5915 Galli Lane	06 30 2016									
	City Collinsville	State IL	Zip Code 62234-5836	Transaction ID : PR2290459048280 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer	Occupation	I	Memo Item							
	Gentiva Health Services Inc.	Area Direct	or Sales								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		▶	500.00							
Т	OTAL This Period (last page this line number	only)									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		or each category of the retailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Gentiva Health Services Inc F	PAC GentivaP	AC	
Full Name (Last, First, Middle Initial) A. Melissa M Wilbanks			Date of Receipt
Mailing Address 854 Vanessa Drive	-		M = M / D = D / Y = Y = Y = Y Y O
City Trussville	State AL	Zip Code 35173-3250	Transaction ID : PR2290459148280
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation		Memo Item
Gentiva Health Services Inc.	Sales Level 4 (A	VP)	
Receipt For:	Aggregate Year		_
Primary General Other (specify) ▼		275.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. Tanya L Champion			Date of Receipt
Mailing Address 332 Sheppard Rd			06 30 2016
City		Zip Code	Transaction ID : PR2290459248280
Taylor	AL	36301-0737	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		210.00
Name of Employer Gentiva Health Services Inc.	Occupation DVP Operations	HP	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 390.00	P/R Deduction (\$30.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. Connie Dolin			Date of Receipt
Mailing Address 105 Ashton Woods Ct			06 30 / Y Y Y Y Y Y
City Mt Holly	State NC	Zip Code 28120-9482	Transaction ID : PR2290459348280
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 210.00
Name of Employer	Occupation		Memo Item
Gentiva Health Services Inc.	Clinical Level 3	(RVP)	-
Receipt For:	Aggregate Year	· · · ·	—
Primary General Other (specify) ▼		390.00	P/R Deduction (\$30.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			595.00
TOTAL This Period (last page this line numb			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PA	C Gentiv	aPAC	
Α.	Full Name (Last, First, Middle Initial) Leland Pierce Mailing Address 2103 Bloomsbury Rd			Date of Receipt
	City	State	Zip Code	06302016 Transaction ID : PR2290459648280
	Greenville	NC	27858-8501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		210.00
	Name of Employer	Occupation		— Memo Item
	Gentiva Health Services Inc.	Clinical Ops	s Dir HH	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$30.00 Bi-Weekly)
в.	Full Name (Last, First, Middle Initial) Adam Y Brooks			Date of Receipt
	Mailing Address 7712 Rathlin Ct			06 30 2016
	City	State	Zip Code	Transaction ID : PR2290459848280
	Charlotte	NC	28270-0336	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		245.00
	Name of Employer	Occupation		Memo Item
	Gentiva Health Services Inc.	DVP Busine	ss Dev NCD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 455.00	P/R Deduction (\$35.00 Bi-Weekly)
c.	Full Name (Last, First, Middle Initial) Trevor M Sylvestre			Date of Receipt
	Mailing Address 250 Bontura Drive			06 30 2016
	City	State	Zip Code	Transaction ID : PR2290459948280
	Senoia	GA	30276-1330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		245.00
	Name of Employer	Occupation		— Memo Item
	Gentiva Health Services Inc.	Finance Lv	5 AVP	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 455.00	P/R Deduction (\$35.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	700.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

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Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PA	AC GentivaPAC	
Full Name (Last, First, Middle Initial) A. John Aurelio		Date of Receipt
Mailing Address 1104 Wickford Court	State Zip Code	06 / D D / Y Y Y Y 2016
Keller	TX 76248-5740	Transaction ID : PR2290460148280 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	240.00
Name of Employer	Occupation	— Memo Item
Gentiva Health Services Inc.	Ops Level 2 (RSVP)	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. Raymond D. Clark		Date of Receipt
Mailing Address 3833 Cummins Street Apt 1225		06 / Y Y Y Y Y 06 2016
City Houston	State Zip Code TX 77027-5878	Transaction ID : PR2290460348280
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer Gentiva Health Services Inc.	Occupation Clinical Level 3 (RVP)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. Mary Elkin		Date of Receipt
Mailing Address 19401 Castlewood Circle		06 30 Y Y Y Y Y 2016
City Huntington Beach	StateZip CodeCA92648-5534	Transaction ID : PR2290460448280 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	280.00
Name of Employer	Occupation	Memo Item
Gentiva Health Services Inc.	VP Enterprise SIs Support	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	▶	800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page	×	11a		11b		11c	12	<u> </u>
Any information copied from such Reports and s or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PA										
Full Name (Last, First, Middle Initial) A. Rebecca W Knight			[Date of	Re	eceipt				
Mailing Address 3048 Steel Creek Rd				м м 06	/	30		/ Y	2016	Y
City	State	Zip Code		Trans	act	ion ID	: P	R22904	6054828	0
Georgetown	MS	39078-9707	/	Amount	of	Each	Re	ceipt thi	is Period	
FEC ID number of contributing federal political committee.	С							9	240.0	
Name of Employer	Occupation		1	Mer	mo l	ltem				
Gentiva Health Services Inc.	DVP Opera	tions								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 520.00	P	/R Ded	uctio	on (\$4	0.0	0 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) B. Paula Shoemaker			[Date of	Re	eceipt				
Mailing Address 2950 Mt Wilkinson Parkway #815	Ctoto	Zin Code		м м 06	L.	30	0		2016	
City Atlanta	State GA	Zip Code 30339-3662							60748280 is Period)
FEC ID number of contributing federal political committee.	C			anount	1	,			280.0	00
Name of Employer Gentiva Health Services Inc.	Occupation Sales Level			Mei	mo l	ltem				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 520.00	P/	ſR Dedu	uctio	on (\$40	0.00) Bi-We	ekly)	
Full Name (Last, First, Middle Initial) c. Timothy E Swann			[Date of	Re	eceipt				
Mailing Address 11601 Locust View Court				м м 06	1	D 3(/ Y	2016	Y
City Jeffersontown	State KY	Zip Code 40299-5883							6084828	0
FEC ID number of contributing federal political committee.	С			Amount	t of	⊢ach	Re	ceipt thi	is Period 120.(00
Name of Employer	Occupation		- [Mei	mo l	ltem				
Gentiva Health Services Inc.	Sales Leve									
Receipt For:		Year-to-Date ▼	\neg							
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a		11b	11c	12	
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Any information copied from such Reports ar or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)		- DAO							
Gentiva Health Services Inc	PAC Gentiv								
Full Name (Last, First, Middle Initial) George Ledbetter				Date of	Re	ceipt			
Mailing Address 1620 Elder Hill Rd				м м 06	/	D D D 30	/ Y	2016	Y
City	State	Zip Code		Trans	acti	on ID : F	R22904	60948280)
Driftwood	ТХ	78619-9104	_ /	Amount	of	Each Re	ceipt thi	s Period	
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Name of Employer	Occupation	l		Mer	mo li	tem			
Gentiva Health Services Inc.	Mgd Care I	_evel 4							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		650.00] P,	/R Ded	uctio	on (\$50.0	0 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) David A Eubanks				Date of	Re	ceipt			
Mailing Address 2905 Park Ridge Dr.				м м 06	/	30	/ Y	y y 2016	Y
City	State	Zip Code		Trans	acti	on ID : P	R22904	61248280)
Paragould	AR	72450-6029	/	Amount	of	Each Re	ceipt thi	s Period	
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Gentiva Health Services Inc.	Ops Level 4	4 Hosp (AVP)							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	P/	′R Dedi	uctic	on (\$50.0	0 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) Mary Ann Gregory				Date of	Re	ceipt			
Mailing Address 644 Lewis Mill Lake Road				м м 06	/	30	/ Y	у у 2016	Y
City Vienna	State GA	Zip Code 31092-4404						61348280)
		51052 4404	- '	Amount	to t	Each Re	eceipt thi	s Period	_
FEC ID number of contributing federal political committee.	C					,	7	50.0	0
Name of Employer	Occupation	l		Mei	mo l	tem			
Gentiva Health Services Inc.	Sales Leve	I 4 (AVP)							
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Other (specify)		400.00	P.	/R Ded	uctio	on (\$50.0	0 Bi-We	ekly)	
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				13		14		15	16	17
Any information copied from such Reports a or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) Gentiva Health Services Inc	PAC Gentiv	aPAC								
Full Name (Last, First, Middle Initial) A. Deanna Faye Lewis			[Date of	Re	ecei	pt			
Mailing Address 1645 Benbow Rd				м м	/		30	/ Y	2016	Y
City	State	Zip Code			acti	ion		PR2290	46144828	0
Inez	ТХ	77968-3314	/	Amount	of	Ead	ch Re	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					7		7	650.	00
Name of Employer	Occupation	1		Mer	mo l	Item	1			
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Full Name (Last, First, Middle Initial) B. Christopher R Macinnis				Date of	Re	eceip	pt			
Mailing Address 4633 Murphy Mill Ct				м м 06	/		30	/ Y	2016	Y
City	State	Zip Code							46214828	
Marietta	GA	30062-8169	/	Amount	of	Ead	ch Re	eceipt th	nis Period	
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Name of Employer Gentiva Health Services Inc.	Occupation Sales Level			Mei	mo l	ltem	ו			
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Full Name (Last, First, Middle Initial) C. Ronald J Crossno				Date of	Re	eceip	pt			
Mailing Address 1904 Sager Rd				м м 06	1		30	/ Y	2016	Y
City	State TX	Zip Code 76567-2058							46224828	
Rockdale		10001-2008	/	Amount	of	Ead	ch Re	eceipt th	nis Period	
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Gentiva Health Services Inc.	VP Med Af	f & CMO KAH								
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c 15	12 16	17
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\rangle	NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PA	C Gentiv	aPAC							
Α.	Full Name (Last, First, Middle Initial) Shannon L Drake			Da	ate of	Rec	eipt			
	Mailing Address 3193 Wicks Creek Trail	State	Zip Code	_ L	06	/	30		ү ү 2016	
	Marietta	GA	30062-4838						46234828 iis Perioc	
	FEC ID number of contributing federal political committee.	C			nount			, j	490	
	Name of Employer	Occupation	I	- [Men	no lte	em			
	Gentiva Health Services Inc.	VP & Assoc	c Gen Counsel							
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	Primary General Other (specify) ▼		910.00	P/R	Dedu	uctior	ח (\$70.0	00 Bi-W€	ekly)	
B.	Full Name (Last, First, Middle Initial) James Wayne Douglas			Da	ate of	Rec	eipt			
	Mailing Address 4701 Circle Oak Cv			T/	06	/	D D 30	/ Y	2016	Y
	City	State	Zip Code						16244828	
	Austin	ТХ	78749-2302	An	nount	of E	ach Re	eceipt th	is Perioc	1
	FEC ID number of contributing federal political committee.	С		ΙĻ]				225	.00
	Name of Employer Gentiva Health Services Inc.	Occupation President C	ommunity Care		Men	no lte	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	P/R	Dedu	ictior	n (\$75.0	0 Bi-We	ekly)	
с.	Full Name (Last, First, Middle Initial) David A Causby			Da	ate of	Rec	eipt			
	Mailing Address 4000 Heatherwood Way			N	06	/	D D 30	/ Y	ү ү 2016	Y
	City Roswell	State GA	Zip Code 30075-2284						46264828	
	FEC ID number of contributing federal political committee.	C		An	nount	of E	ach Re	eceipt th	iis Perioc 700	_
	Name of Employer	Occupation		- [Men	no lte	em			
	Gentiva Health Services Inc.	EVP & Pres	sident KAH							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R	Dedu	uctior	n (\$100	.00 Bi-W	√eekly)	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	ME OF COMMITTEE (In Full) entiva Health Services Inc PA	AC Gentiv	aPAC					
A . <u>T</u> o	I Name (Last, First, Middle Initial) odd Sexe iling Address 8186 Enclave Road			Date o	f Receipt	D / Y	YY	Y
City	/ bodbury	State MN	Zip Code 55125-3032		30 saction ID t of Each	: PR2290		0
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Ge	me of Employer ntiva Health Services Inc. ceipt For:	Occupation Ops Level 2	2 (RSVP)	— [] Me	mo ltem			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	P/R Ded	luction (\$1	00.00 Bi-V	Veekly)	
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	iling Address	Ctata	Zin Onde	M	/ D	D / Y	YY	Y
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME CF CANNTTEE (in Full) Gentiva Health Services Inc PAC GentivaPAC Full Name (Last, First, Middle Initia) A Bank of America Mailing Address PO Box 15284 City Winnington Purpose of Disbursement Bank service fee Candidate Name Cardidate Name Usart of America Mailing Address PO Box 15284 City Nerso tee Cardidate Name Deteored Cardidate Name Cardidate Name Deteored Car	IT	EMIZED DISBURSEMENTS	for each	category of the	(C		21b	22										
✓ Gentiva Health Services Inc PAC GentivaPAC Full Name (Last, First, Middle Initial) A. Bank of America Mailing Address PO Box 15284 City Office Sought: House Disbursement Bank service fee Candidate Name Office Sought: House Disbursement State: Disbursement Pripose of Disbursement Bank service fee Chy State City State Pripose of Disbursement Mailing Address PO Box 15284 Chy State City State Pripose of Disbursement Bank service fee Candidate Name Coligony/ City State Office Sought: House Disbursement Disbursement For: Bank service fee Category/ Condidate Name Category/ Office Sought: House Disbursement Disbursement For: Bank service fee Category/ Office Sought: House </td <td></td>																		
✓ Full Name (Last, First, Middle Initial) A. Bank of America Date of Disbursement Mailing Address PO Box 15284 Otilize Sought: City State Zip Code Purpose of Disbursement Bank service fee Otilize Sought: Citice Sought: President Disbursement For: Office Sought: Disbursement For: Other (specify) ▼ State: Disbursement For: Disbursement District: Disbursement For: Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Disbursement 3. Bank of America Disbursement For: Other (specify) ▼ Mailing Address PO Box 15284 Other (specify) ▼ Transaction ID : 71560743 Anount of Each Disbursement Bank service fee Other (specify) ▼ Transaction ID : 7266743 Anount of Each Disbursement For: Disbursement For: Other (specify) ▼ Date of Disbursement State: Disbursement For: Disbursement For: Other (specify) ▼ Date of Disbursement City Mailing Address PO Box 15284 Other (specify) ▼ Date of Disbursement Disbursement For: Purpose of Disbursement Disbursement F	\backslash	NAME OF COMMITTEE (In Full)																
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A. Kindred Healthcare, Inc. PAC						- M					Y Y	Y	Y
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