

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.
Gentiva Health Services Inc PAC GentivaPAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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 in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 01 / 14 / 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)

Page 2

Write or Type Committee Name

Gentiva Health Services Inc PAC GentivaPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		96603.60
(b) Cash on Hand at Beginning of Reporting Period.....	6095.50	
(c) Total Receipts (from Line 19)	30602.70	79748.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	36698.20	176351.79
7. Total Disbursements (from Line 31).....	20595.00	160248.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16103.20	16103.20
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	23987.00	45357.60
(ii) Unitemized	1615.70	8390.59
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25602.70	53748.19
(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)	25602.70	53748.19
12. Transfers From Affiliated/Other Party Committees.....	0.00	21000.00
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.....	5000.00	5000.00
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))..... ▶	30602.70	79748.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30602.70	79748.19

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	595.00	1358.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	595.00	1358.59
22. Transfers to Affiliated/Other Party Committees.....	20000.00	128890.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	30000.00
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)) ..	20595.00	160248.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20595.00	160248.59

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)	25602.70	53748.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25602.70	53748.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	595.00	1358.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	595.00	1358.59

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Betty Faye Bethea
Full Name (Last, First, Middle Initial)
Mailing Address 702 VOYAGER DR
City HOUSTON State TX Zip Code 77062-5617
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation Dir of Client Care - TX (CCR)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR2290454044690
Amount of Each Receipt this Period 140.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Julie Eberwine
Full Name (Last, First, Middle Initial)
Mailing Address 9113 WAMPTON WAY
City AUSTIN State TX Zip Code 78749-4265
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation Regl Dir of Ops (Comm Care)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR2290454144690
Amount of Each Receipt this Period 140.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Ginger Carr
Full Name (Last, First, Middle Initial)
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 Gentiva Health Services Inc. Occupation Area Dir - Operations (HH)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR2290454244690
Amount of Each Receipt this Period 140.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 30
	<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. Peter Cavanaugh
Full Name (Last, First, Middle Initial)

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 Gentiva Health Services Inc. Occupation Reg AVP - Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : PR2290454344690

Amount of Each Receipt this Period
140.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Bradford W Evans
Full Name (Last, First, Middle Initial)

Mailing Address 3205 SE Brookside Place

City Lees Summit State MO Zip Code 64063-9508

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

Name of Employer Gentiva Health Services Inc. Occupation AVP - Operations (Hosp)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **233.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : PR2290454544690

Amount of Each Receipt this Period
113.00

P/R Deduction (\$1.00 Bi-Weekly)

C. Kassi D Ellison
Full Name (Last, First, Middle Initial)

Mailing Address 125 Rachel Lane

City Lumberton State TX Zip Code 77657-5990

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 ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : PR2290454644690

Amount of Each Receipt this Period
140.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	393.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Jesse Howard
Full Name (Last, First, Middle Initial)
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 Gentiva Health Services Inc. Occupation AVP-Patient Outreach Solutions
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290454844690
Amount of Each Receipt this Period 140.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Robert A Koch
Full Name (Last, First, Middle Initial)
Mailing Address 9630 N 18th St
City Phoenix State AZ Zip Code 85020-2317
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation RVP - Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290455044690
Amount of Each Receipt this Period 140.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Alease D Merrell
Full Name (Last, First, Middle Initial)
Mailing Address 190 Live Oak Circle
City Millbrook State AL Zip Code 36054-2573
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation AVP - Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290455144690
Amount of Each Receipt this Period 140.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 30
<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. Sarah J Roberts
Full Name (Last, First, Middle Initial)
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 Gentiva Health Services Inc. Occupation Natl - Spec Devt & Prac
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290455244690
Amount of Each Receipt this Period 140.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Richard D Scrima
Full Name (Last, First, Middle Initial)
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 Gentiva Health Services Inc. Occupation Area Director - Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290455444690
Amount of Each Receipt this Period 140.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Patrick M Topp
Full Name (Last, First, Middle Initial)
Mailing Address 6032 West Glen Court
City Franklin State WI Zip Code 53132-9256
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation Executive Director (HH)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290455544690
Amount of Each Receipt this Period 140.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 420.00
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 30
	<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. Jamie Word
Full Name (Last, First, Middle Initial)

Mailing Address 101 Kingsridge Blvd

City Tullahoma State TN Zip Code 37388-4804

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

Name of Employer Gentiva Health Services Inc. Occupation Branch Director I (HH)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR2290455644690

Amount of Each Receipt this Period
100.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Patricia A Aarthun
Full Name (Last, First, Middle Initial)

Mailing Address 8033 West 123RD Terrace

City Overland Park State KS Zip Code 66213-1448

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

Name of Employer Gentiva Health Services Inc. Occupation AVP - Payroll

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR2290455744690

Amount of Each Receipt this Period
100.00

P/R Deduction (\$5.00 Bi-Weekly)

C. Debbie Ann Kearns
Full Name (Last, First, Middle Initial)

Mailing Address 207 Herbert Page Rd

City Tryon State NC Zip Code 28782-6770

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR2290455844690

Amount of Each Receipt this Period
140.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **340.00**

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 30
	<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. Vicki L Arant
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Verandah CT
 City Bonaire State GA Zip Code 31005-4841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Dir - Executive (Hosp)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290455944690
 Amount of Each Receipt this Period
 210.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. Kelly A Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address 923 Grandview Way NW
 City Acworth State GA Zip Code 30101-7843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Dir - Contracts Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290456044690
 Amount of Each Receipt this Period
 210.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. Stephen J. Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Ashford Lane
 City Newtown State CT Zip Code 06470-1740
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290456144690
 Amount of Each Receipt this Period
 120.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	540.00
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 30
<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. Cheryl L Funk
Full Name (Last, First, Middle Initial)
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 Gentiva Health Services Inc. Occupation Area Director - Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290456244690
Amount of Each Receipt this Period 210.00
P/R Deduction (\$15.00 Bi-Weekly)

B. Lisa L Jans
Full Name (Last, First, Middle Initial)
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 Gentiva Health Services Inc. Occupation AVP - Operations (HH)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290456444690
Amount of Each Receipt this Period 210.00
P/R Deduction (\$15.00 Bi-Weekly)

C. Linda Trelstad
Full Name (Last, First, Middle Initial)
Mailing Address 512 Hillside Trail
City Woodstock State GA Zip Code 30188-5167
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation Dir - FSU
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290456744690
Amount of Each Receipt this Period 210.00
P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	630.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Paul T Weddle
 Full Name (Last, First, Middle Initial)
 Mailing Address 15532 Benson
 City Overland Park State KS Zip Code 66221-8578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation AVP - Operations (Hosp)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290456844690
 Amount of Each Receipt this Period 210.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. Bernadette Zucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3312 Pineneedle Lane
 City Louisville State KY Zip Code 40241-2729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Dir - Executive (Hosp)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290456944690
 Amount of Each Receipt this Period 210.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. Selece Yvonne Beasley
 Full Name (Last, First, Middle Initial)
 Mailing Address 974 Hearstone 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 Div Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290457044690
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<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. Christian E Dejesus
 Full Name (Last, First, Middle Initial)
 Mailing Address 5028 Skylark Court
 City Pensacola State FL Zip Code 32505-1841
 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 ▼ 520.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290457144690
 Amount of Each Receipt this Period 280.00
 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 AVP - Corp Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290457244690
 Amount of Each Receipt this Period 280.00
 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 AVP - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290457344690
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 840.00
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 15 OF 30
	<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. 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 Reg AVP - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290457444690
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Michelle Mazzonetto
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Hazelnut Street
 City Winter Springs State FL Zip Code 32708-4344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation VP - Multi-Area Operations(HH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290457544690
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. 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 VP - Clinical Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290457644690
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	840.00
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 30
	<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. 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 VP - Multi-Area Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR2290457744690

Amount of Each Receipt this Period **280.00**

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

B. 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 Area VP Ops (Comm Care)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR2290458044690

Amount of Each Receipt this Period **350.00**

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

C. 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 AVP - Operations (HH)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR2290458144690

Amount of Each Receipt this Period **350.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	980.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. 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 AVP - Operations (HH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR229045844690
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. Mary P Griffin
 Full Name (Last, First, Middle Initial)
 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 Gentiva Health Services Inc. Occupation Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290458744690
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. Rosa Mascardi
 Full Name (Last, First, Middle Initial)
 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 Gentiva Health Services Inc. Occupation VP - Multi-Area Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290458944690
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1050.00
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 18 OF 30
	<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. Virgel E Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 5915 Galli Lane
 City Collinsville State IL Zip Code 62234-5836
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290459044690
 Amount of Each Receipt this Period
 350.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. 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 AVP - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290459144690
 Amount of Each Receipt this Period
 350.00
 P/R Deduction (\$25.00 Bi-Weekly)

c. 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 VP - Multi-Area Ops (Hosp)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290459244690
 Amount of Each Receipt this Period
 420.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1120.00
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 19 OF 30
<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. 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 RVP - Clinical Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR2290459344690

Amount of Each Receipt this Period **420.00**

P/R Deduction (\$30.00 Bi-Weekly)

B. 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 Dir - Clinical Operations (HH)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR2290459644690

Amount of Each Receipt this Period **420.00**

P/R Deduction (\$30.00 Bi-Weekly)

C. 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 Dir - Clinical Operations (HH)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **910.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR2290459844690

Amount of Each Receipt this Period **490.00**

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1330.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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. 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 AVP - Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **910.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR2290459944690

Amount of Each Receipt this Period
490.00

P/R Deduction (\$35.00 Bi-Weekly)

B. 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 Region President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR2290460144690

Amount of Each Receipt this Period
560.00

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

C. Cathy C Blanchard
Full Name (Last, First, Middle Initial)

Mailing Address 145 Lanman Road

City Niceville State FL Zip Code 32578-3600

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

Name of Employer Gentiva Health Services Inc. Occupation VP - Multi-Area Ops (Hosp)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR2290460244690

Amount of Each Receipt this Period
14.00

P/R Deduction (\$1.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1064.00
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 21 OF 30
	<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. Raymond D. Clark
Full Name (Last, First, Middle Initial)

Mailing Address 4550 N. Braeswood Blvd
Apt 451

City Houston State TX Zip Code 77096-2949

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

Name of Employer Gentiva Health Services Inc. Occupation RVP - Clinical Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290460344690

Amount of Each Receipt this Period 560.00

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

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

Mailing Address 19401 Castlewood Circle

City Huntington Beach State CA Zip Code 92648-5534

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

Name of Employer Gentiva Health Services Inc. Occupation VP - Sales Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290460444690

Amount of Each Receipt this Period 560.00

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

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

Mailing Address 3048 Steel Creek Rd

City Georgetown State MS Zip Code 39078-9707

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

Name of Employer Gentiva Health Services Inc. Occupation VP - Multi-Area Operations(HH)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290460544690

Amount of Each Receipt this Period 560.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1680.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 22 OF 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Paula Shoemaker
 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 VP - Sales Support & Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290460744690
 Amount of Each Receipt this Period 560.00
 P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Timothy E Swann
 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 AVP - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290460844690
 Amount of Each Receipt this Period 560.00
 P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. George Ledbetter
 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 AVP - Managed Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2290460944690
 Amount of Each Receipt this Period 700.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1820.00
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 23 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. David A Eubanks
 Full Name (Last, First, Middle Initial)
 Mailing Address 4215 N. Francisco Avenue
 Unit #3
 City Chicago State IL Zip Code 60618-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation AVP - Operations (Hosp)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290461244690
 Amount of Each Receipt this Period
 700.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Mary Ann Gregory
 Full Name (Last, First, Middle Initial)
 Mailing Address 644 Lewis Mill Lake Road
 City Vienna State GA Zip Code 31092-4404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation AVP - Operations (Hosp)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290461344690
 Amount of Each Receipt this Period
 700.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. Deanna Faye Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1645 BENBOW RD
 City INEZ State TX Zip Code 77968-3314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Area Dir - Operations (HH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290461444690
 Amount of Each Receipt this Period
 700.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 24 OF 30
	<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. Teresa V Wiles
 Full Name (Last, First, Middle Initial)
 Mailing Address 3016 Hipp Road
 City Iron Station State NC Zip Code 28080-9493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Dir - Rehab Specialties
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR2290462044690
 Amount of Each Receipt this Period **650.00**
 P/R Deduction (\$50.00 Bi-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 VP - National Accounts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1560.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR2290462144690
 Amount of Each Receipt this Period **840.00**
 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 Dir - National Medical (Hosp)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1820.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR2290462244690
 Amount of Each Receipt this Period **980.00**
 P/R Deduction (\$70.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	2470.00
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 25 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 - Associate Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1820.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290462344690
 Amount of Each Receipt this Period 980.00
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290462444690
 Amount of Each Receipt this Period 1050.00
 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 & Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290462644690
 Amount of Each Receipt this Period 1400.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	3430.00
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 26 OF 30
	<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. 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 Region President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2290462844690
 Amount of Each Receipt this Period
 1400.00
 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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	23987.00

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

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

FOR LINE NUMBER: PAGE 27 OF 30
(check only one)

<input 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 checked="" 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

Full Name (Last, First, Middle Initial)
A. Friends for Harry Reid

Mailing Address PO Box 19163

City Las Vegas State NV Zip Code 89132

FEC ID number of contributing federal political committee. **C** C00204370

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015
Transaction ID : 67109669

Amount of Each Receipt this Period
5000.00

Refund of Contribution

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

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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

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

/ /

Transaction ID : 67109668

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 67396915

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 67967984

Amount of Each Disbursement this Period

Bank service fee

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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 State Zip Code
Wilmington DE 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

/ /

Transaction ID : 68380668

Amount of Each Disbursement this Period

Bank service fee

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 15284

City State Zip Code
Wilmington DE 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

/ /

Transaction ID : 68810856

Amount of Each Disbursement this Period

Bank service fee

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 15284

City State Zip Code
Wilmington DE 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

/ /

Transaction ID : 69332448

Amount of Each Disbursement this Period

Bank service fee

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" 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

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. Kindred Healthcare, Inc. PAC

Mailing Address 680 S. Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Transfer to affiliated committee

008

Candidate Name

Kindred Healthcare, Inc. PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

Transaction ID : 67967985

Amount of Each Disbursement this Period

20000.00

Transfer to affiliated committee

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

20000.00

20000.00
