Image# 14940509723 PAGE 1 / 11

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For (Other Than An	Authorized	d Committe	ее		Office Use Onl	y
NAME OF COMMITTEE (in		E OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5		
GENTIVA HEA	LTH SERV	ICES INC PA	C GENTI	VAPAC				
ADDRESS (number and Check if different than previous reported. (AC)	d street) Sterent Sty A	50 RIVERWOOD PI	KWY			GA	30339	
2. FEC IDENTIFIC	ATION NUMBE	ER ▼	CITY ▲			STATE A	ZIP (CODE A
C C0040708)		3. IS THIS REPORT	\ <u>/</u>	NEW N) OR	AM (A	MENDED)	
July 15 Quarterly October Quarterly January Year-End July 31 Report (Year On	r Report (Q1) r Report (Q2) 15 r Report (Q3) 31 I Report (YE) Mid-Year Non-election	(d) 30-Day POST-Electi Report for the	he: Election on		12C)	Sep	(12S) in th State	Special (30S)
5. Covering Period	01		014	through	M M M	31	2014	
I certify that I have ex		eport and to the be	est of my kno	wledge and b	oelief it is tru	e, correct an	d complete.	
Signature of Treasure	. Eric Slusser	r		[Electronically		ate 02	18	2014
NOTE: Submission of f	alse, erroneous,	or incomplete infor	mation may su	ubject the pers	son signing th	is Report to t	FEC FC	
Use Only							Rev. 1	

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

01 2014 Report Covering the Period: 2014 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 51130.94 January 1, 2014 (b) Cash on Hand at 51130.94 Beginning of Reporting Period..... 11204.40 11204.40 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 62335.34 62335.34 6(a) and 6(c) for Column B)..... 2847.93 2847.93 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 59487.41 59487.41 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

I. Receipts Ons (other than loans) From: duals/Persons Other Political Committees emized (use Schedule A) nitemized	COLUMN A Total This Period 4491.90 6712.50	COLUMN B Calendar Year-to-Date
duals/Persons Other Political Committees emized (use Schedule A) nitemized		4491.90
Political Committees emized (use Schedule A) nitemized OTAL (add		4491.90
emized (use Schedule A)nitemized		4491.90
nitemized		7
OTAL (add	6712.50	
· · · · · ·		6712.50
	11204.40	11204.40
cal Party Committees	0.00	0.00
Political Committees as PACs)	0.00	0.00
Contributions (add Lines		
(iii), (b), and (c)) (Carry		
s to Line 33, page 5)	11204.40	11204.40
From Affiliated/Other		
nmittees	0.00	0.00
Received	0.00	0.00
Ticcorved	7	
ayments Received	0.00	0.00
	7	
Rebates, etc.)		
als to Line 37, page 5)	0.00	0.00
of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
Candidates and Other		
ommittees	0.00	0.00
leral Receipts		
s, Interest, etc.)	0.00	0.00
from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	
Schedule H3)	0.00	0.00
Funds (from Schedule H5)	0.00	0.00
ransfers (add 18(a) and 18(b))	0.00	0.00
	Received	as PACs)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Perio	od (COLUMN B Calendar Year-to-Date
Operating Expenditures: Allocated Endors!/Non Endorse!		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jaiendal Teal-to-Date
(a) Allocated Federal/Non-Fed Activity (from Schedule H			
(i) Federal Share		0.00	0.00
(") No 5 to 10 Ob 20		0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating		0.00	0.00
Expenditures		47.93	47.93
(c) Total Operating Expenditu			7 1 7 1 7
(add 21(a)(i), (a)(ii), and (b))▶	47.93	47.93
Transfers to Affiliated/Other Pa	•	0.00	0.00
CommitteesContributions to		0.00	0.00
Federal Candidates/Committee and Other Political Committee		2800.00	2800.00
Independent Expenditures		0.00	0.00
(use Schedule E) Coordinated Party Expenditure	S		0.00
(2 U.S.C. §441a(d)) (use Schedule F)		0.00	0.00
, , , , , , , , , , , , , , , , , , , ,			7
Loan Repayments Made		0.00	0.00
Loans Made		0.00	0.00
Refunds of Contributions To:	7		
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committee		0.00	0.00
(such as PACs)		0.00	7
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and	(c))▶	0.00	0.00
01 51			0.00
Other Disbursements		0.00	0.00
Federal Election Activity (2 U.S	S.C. §431(20))		
(a) Allocated Federal Election			
(from Schedule H6)		0.00	0.00
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity F			
With Federal Funds.		0.00	0.00
(c) Total Federal Election Act	• 1	0.00	
Lines 30(a)(i), 30(a)(ii) ar	nd 30(b))▶	0.00	0.00
Total Disbursements (add Line	s 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 a		847.93	2847.93
			7
Total Federal Disbursements	20(0)(ii)		
(subtract Line 21(a)(ii) and Lin		2847 93	2847.93
from Line 31)		2847.93	2847.

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11204.40	11204.40
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11204.40	11204.40
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	47.93	47.93
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	47.93	47.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE	NUMBER	: PAG	E 6 OF	11			
(check only one)							
X 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.

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES	S INC PAC GENTIVAPAC	
Full Name (Last, First, Middle Initial) Mara Benner Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	State Zip Code GA 30339 C Occupation Vice President Government Affairs Aggregate Year-to-Date ▼ 570.00	Date of Receipt M M M / 31 2014 Transaction ID : SA11AI.10614 Amount of Each Receipt this Period 570.00 Bi-weekly payroll deduction - \$190
Full Name (Last, First, Middle Initial) David Causby Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code GA 30339 C Occupation VP - Operations Aggregate Year-to-Date ▼ 300.00	Date of Receipt 01 31 2014 Transaction ID: SA11AI.10627 Amount of Each Receipt this Period 300.00 Bi-weekly payroll deduction - \$100
Ronald Crossno Mailing Address 3350 Riverwood Parkway Suite 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Receipt For: Primary General Other (specify)	State Zip Code GA 30339 C Occupation Dir- National Medical Aggregate Year-to-Date ▼ 210.00	Date of Receipt 101 31 2014 Transaction ID: SA11AI.10733 Amount of Each Receipt this Period 210.00 bi-weekly payroll deduction - \$70
SUBTOTAL of Receipts This Page (optional)	>	1080.00
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	7	OF	11	
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16		17

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES	S INC PAC GENTIVAPAC	
Full Name (Last, First, Middle Initial) Shannon Drake		Date of Receipt
Mailing Address 3350 Riverwood Pkwy Ste 1400		01 31 / Y = Y = Y = Y
City Atlanta	State Zip Code GA 30339	Transaction ID : SA11AI.10642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Name of Employer Gentiva	Occupation VP - Assoc Gen Counsel	Bi-weekly payroll deduction - \$70
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Dave Gieringer Mailing Address 3350 Riverwood Pkwy		Date of Receipt
Ste 1400 City Atlanta	State Zip Code GA 30339	Transaction ID : SA11AI.10654 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Acctg / Controller	bi-weekly payroll deduction - \$75
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dean Johnson	·	Date of Receipt
Mailing Address 3350 Riverwood Pkwy Ste 1400		01 31 2014
City Atlanta	State Zip Code GA 30339	Transaction ID : SA11AI.10668 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Gentiva	Occupation Division VP - Sales	bi-weekly payroll deduction - \$100
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	735.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		13		14		15		16	6	17

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICE		
Full Name (Last, First, Middle Initial) Russ McDonough Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code GA 30339 C Occupation Chief Information Officer Aggregate Year-to-Date ▼ 300.00	Date of Receipt O1 31 2014 Transaction ID: SA11AI.10678 Amount of Each Receipt this Period 300.00 bi-weekly payroll deduction - \$100
Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Receipt For: Primary General Other (specify) ▼	State Zip Code GA 30339 C Occupation Div VP - Information Technology Aggregate Year-to-Date ▼ 210.00	Date of Receipt 01 31 2014 Transaction ID : SA11AI.10695 Amount of Each Receipt this Period 210.00 bi-weekly payroll deduction - \$70
Full Name (Last, First, Middle Initial) Todd Sexe Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	State Zip Code GA 30339 C Occupation VP Home Health Operations Aggregate Year-to-Date ▼ 300.00	Date of Receipt 101 31 2014 Transaction ID : SA11AI.10702 Amount of Each Receipt this Period 300.00 bi-weekly payroll deduction - \$100
SUBTOTAL of Receipts This Page (optional)	<u> </u>	810.00
TOTAL This Period (last page this line number	er only)	

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

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

FO	PAGE	9	OF	11			
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>	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 fo	or commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	AME OF COMMITTEE (In Full) SENTIVA HEALTH SERVICES	INC PAC GENTIVAPAC	
	ull Name (Last, First, Middle Initial) Jeff Shaner		Date of Receipt
_	lailing Address 3350 Riverwood Pkwy Ste 1400		01 31 2014
	ity Atlanta	State Zip Code GA 30339	Transaction ID : SA11AI.10703 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	300.00
G	ame of Employer Sentiva	Occupation Division VP of Operations	bi-weekly payroll deduction - \$100
R [eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
BS	ull Name (Last, First, Middle Initial) Susan P Smith lailing Address 3350 Riverwood Parkway		Date of Receipt
C	Suite 1400 ity	State Zip Code	01 31 2014 Transaction ID : SA11AI.10708
FI	etlanta EC ID number of contributing ederal political committee.	GA 30339	Amount of Each Receipt this Period 255.00
G	ame of Employer entiva Health Services	Occupation VP Clinical Practice & Research	bi-weekly payroll deduction - \$85
R	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
	ull Name (Last, First, Middle Initial) Harmon Strange		Date of Receipt
_	lailing Address 3350 Riverwood Pkwy Ste 1400		01 31 2014
	ity Atlanta	State Zip Code GA 30339	Transaction ID : SA11AI.10710 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	576.90
G	ame of Employer Sentiva Health Services Inc.	Occupation President & CEO	bi-weekly payroll deduction - \$192.30
R	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 576.90	
SUE	BTOTAL of Receipts This Page (optional)		1131.90
тот	TAL This Period (last page this line number of	only)	

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

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

FOR LINE NUMBER:				PAGE		10	OF		11		
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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	ne name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES	S INC PAC GENTIVAPAC			
Full Name (Last, First, Middle Initial) Deborah Suit Mailing Address 3350 Riverwood Pkwy	Date of Receipt			
Ste 1400 City Atlanta	State Zip Code GA 30339	01 31 2014 Transaction ID : SA11AI.10711 Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee.	C			
Name of Employer Gentiva Receipt For: Primary General Other (specify) ▼	Occupation VP - Training and Development Aggregate Year-to-Date ▼ 300.00	bi-weekly payroll deduction - \$100		
Full Name (Last, First, Middle Initial) Damien Weston Mailing Address 3350 Riverwood Pkwy Ste 1400 City	Date of Receipt 01 31 2014			
Atlanta FEC ID number of contributing federal political committee. Name of Employer	State Zip Code GA 30339 C Occupation	Transaction ID : SA11AI.10722 Amount of Each Receipt this Period 225.00 bi-weekly payroll deduction - \$75		
Gentiva Receipt For: Primary General Other (specify) ▼	AVP - Sales Aggregate Year-to-Date ▼ 225.00			
Full Name (Last, First, Middle Initial) James Williamson Mailing Address 3350 Riverwood Parkway Suite 1400 City Atlanta	State Zip Code GA 30339	Date of Receipt O1 31 2014 Transaction ID : SA11AI.10725 Amount of Each Receipt this Period 210.00 bi-weekly payroll deduction - \$70		
FEC ID number of contributing federal political committee. Name of Employer Gentiva Receipt For: Primary General Other (specify)	Occupation AVP - Risk Mgt. Aggregate Year-to-Date ▼ 210.00			
SUBTOTAL of Receipts This Page (optional)	····	735.00		
TOTAL This Period (last page this line numbe	r only)	4491.90		

S	CHEDULE B (FEC Form 3X)		EOD LINE	FOR LINE NUMBER: PAGE 11 OF 11					
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	NONDELL.					
• •	LIVIIZED DIODONOLIVIENTO		21h	22 🔀 23 24 25 26					
		Detailed Summary Page	27	28a 28b 28c 29 30b					
Ar	by information copied from such Reports and Staten	nents may not be sold or i	ised by any ners	on for the purpose of soliciting contributions					
	for commercial purposes, other than using the name								
	NAME OF COMMITTEE (In Full)								
$ \rangle$	GENTIVA HEALTH SERVICES IN	C PAC GENTIVAP	AC						
/		C. AC CENTIVAL	, .0						
	Full Name (Last, First, Middle Initial)								
A.	FRIENDS OF TODD YOUNG, INC	Date of Disbursement							
	·	M M / D D / Y Y Y Y							
	Mailing Address PO BOX 1053	01 15 2014							
	City.	Otata 71: 0 1							
	,	State Zip Code IN 47402		Transaction ID : SB23.10603					
	BLOOMINGTON Purpose of Disbursement	IN 47402							
	ו מוףטפר טו טופטמופרוופוונ			Amount of Each Disbursement this Period					
	Candidate Name			, another Each Dispulsement this I ellou					
			Category/ Type	1500.00					
	Office Sought:	nent For: 2014	Type	, , , , , , , , , , , , , , , , , , , ,					
		Primary General							
	President	Other (specify)							
	State: IN District: 09	· · · · · · · · · · · · · · · · · · ·							
	Full Name (Last, First, Middle Initial)								
В.			Date of Disbursement						
				M M / D D / Y Y Y Y					
	Mailing Address PO BOX 1091			01 08 2014					
	,	State Zip Code		Transaction ID : SB23.10602					
	HOOD RIVER	OR 97031							
	Purpose of Disbursement			Amount of Each Disbursement this Period					
	Candidate Name		السبا	AMOUNT OF LACIT DISDUISEMENT THIS FEIROR					
	Canada Harris		Category/ Type	1300.00					
	Office Sought: Y House Disbursen	nent For: 2014	Type						
		Primary General							
	President	Other (specify)							
	State: OR District: 02	· · · · · · · · · · · · · · · · · · ·							
_	Full Name (Last, First, Middle Initial)								
C.			Date of Disbursement						
				M M / D D / Y Y Y Y					
	Mailing Address								
	City								
	Purpose of Disbursement								
	ruipose oi Dispuisement		[<u></u> <u></u>						
	Candidate Name			Amount of Each Disbursement this Period					
	Canadate Name		Category/						
	Office Sought: House Disbursen	ment For:	Туре						
	Senate Dispulser	Primary General							
	President	Other (specify)							
	State: District:	(opoony) ▼							
Г									
,	UBTOTAL of Disbursements This Page (optional)			2800.00					
Ľ	CE TO THE OF ENDOURSEMENTS THIS T age (optional)								
۱,	OTAL This Period (last page this line number only)			2800.00					