

# 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  /  /  through  /  /

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 Eric Slusser

Signature of Treasurer Eric Slusser [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="51130.94"/>	<input type="text" value="51130.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="59487.41"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7325.60"/>	<input type="text" value="18530.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="66813.01"/>	<input type="text" value="69660.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1066.44"/>	<input type="text" value="3914.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="65746.57"/>	<input type="text" value="65746.57"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3814.60	8306.50
(ii) Unitemized .....	3511.00	10223.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7325.60	18530.00
(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) .....	7325.60	18530.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7325.60	18530.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7325.60	18530.00

**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 .....	66.44	114.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	66.44	114.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	3800.00
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)) ..	1066.44	3914.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1066.44	3914.37

**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) .....	7325.60	18530.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7325.60	18530.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	66.44	114.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	66.44	114.37

**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 14  
(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. Mara Benner**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services Inc. Occupation Vice President Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt **02 / 28 / 2014**  
**Transaction ID : SA11AI.10782**

Amount of Each Receipt this Period **380.00**

Bi-weekly payroll deduction - \$190

Full Name (Last, First, Middle Initial)  
**B. Robert Brunson**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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 ▼ **250.00**

Date of Receipt **02 / 28 / 2014**  
**Transaction ID : SA11AI.10788**

Amount of Each Receipt this Period **100.00**

Bi-weekly payroll deduction - \$50

Full Name (Last, First, Middle Initial)  
**C. David Causby**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation VP - Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 28 / 2014**  
**Transaction ID : SA11AI.10791**

Amount of Each Receipt this Period **200.00**

Bi-weekly payroll deduction - \$100

**SUBTOTAL** of Receipts This Page (optional)..... **680.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Full Name (Last, First, Middle Initial) <b>A. Ronald Crossno</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.10799</b>
Mailing Address 3350 Riverwood Parkway Suite 1400		Amount of Each Receipt this Period 140.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$70
Name of Employer Gentiva	Occupation Dir- National Medical	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Shannon Drake</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.10807</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 140.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$70
Name of Employer Gentiva	Occupation VP - Assoc Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. David Eubanks</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.10812</b>
Mailing Address 3350 Riverwood Parkway Suite 1400		Amount of Each Receipt this Period 100.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$50
Name of Employer Gentiva Health Services	Occupation AVP - Clinical Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Full Name (Last, First, Middle Initial)  
**A. Dave Gieringer**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services Inc. Occupation Vice President Acctg / Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **02 / 28 / 2014**  
**Transaction ID : SA11AI.10819**

Amount of Each Receipt this Period **150.00**

Biweekly payroll deduction - \$75

Full Name (Last, First, Middle Initial)  
**B. Mary Ann Gregory**

Mailing Address 3350 Riverwood Parkway  
 Suite 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services Occupation RVP Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 28 / 2014**  
**Transaction ID : SA11AI.10820**

Amount of Each Receipt this Period **100.00**

Biweekly payroll deduction - \$50

Full Name (Last, First, Middle Initial)  
**C. Dean Johnson**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Division VP - Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 28 / 2014**  
**Transaction ID : SA11AI.10832**

Amount of Each Receipt this Period **200.00**

Biweekly payroll deduction - \$100

**SUBTOTAL** of Receipts This Page (optional).....▶ **450.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Full Name (Last, First, Middle Initial) <b>A. Christopher Macinnis</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.10839</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 120.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - \$60
Name of Employer Gentiva	Occupation RVP - Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Russ McDonough</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.10842</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 200.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - \$100
Name of Employer Gentiva	Occupation Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Jerrold Perchik</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.10855</b>
Mailing Address 3350 Riverwood Pkwy Suite 1400		Amount of Each Receipt this Period 100.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - \$50
Name of Employer Gentiva	Occupation VP - Assoc Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Full Name (Last, First, Middle Initial) <b>A. Perry Pruett</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.10857</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 140.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C	Name of Employer Gentiva	Occupation Div VP - Information Technology
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Bi-weekly payroll deduction - \$70		

Full Name (Last, First, Middle Initial) <b>B. Todd Sexe</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.10865</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 200.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C	Name of Employer Gentiva Health Services Inc.	Occupation VP Home Health Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Bi-weekly payroll deduction - \$100		

Full Name (Last, First, Middle Initial) <b>C. Jeff Shaner</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.10866</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 200.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C	Name of Employer Gentiva	Occupation Division VP of Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Bi-weekly payroll deduction - \$100		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Full Name (Last, First, Middle Initial)  
**A. Susan P Smith**

Mailing Address 3350 Riverwood Parkway  
 Suite 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services Occupation VP Clinical Practice & Research

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 02 / 28 / 2014  
**Transaction ID : SA11AI.10870**

Amount of Each Receipt this Period  
 170.00

Bi-weekly payroll deduction - \$85

Full Name (Last, First, Middle Initial)  
**B. Paul Stein**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation VP - IS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 28 / 2014  
**Transaction ID : SA11AI.10871**

Amount of Each Receipt this Period  
 100.00

Bi-weekly payroll deduction - \$50

Full Name (Last, First, Middle Initial)  
**C. Harmon Strange**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services Inc. Occupation President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 961.50

Date of Receipt  
 02 / 28 / 2014  
**Transaction ID : SA11AI.10872**

Amount of Each Receipt this Period  
 384.60

Bi-weekly payroll deduction - \$192.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 654.60

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

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

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

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NAME OF COMMITTEE (In Full)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Full Name (Last, First, Middle Initial) <b>A. Deborah Suit</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.10873</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 200.00 Bi-weekly payroll deduction - \$100
City Atlanta State GA Zip Code 30339	FEC ID number of contributing federal political committee. C	
Name of Employer Gentiva	Occupation VP - Training and Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Gena Wagner</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.10880</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 100.00 Bi-weekly payroll deduction - \$50
City Atlanta State GA Zip Code 30339	FEC ID number of contributing federal political committee. C	
Name of Employer Gentiva Health Services, Inc.	Occupation AVP - Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Charlotte Weaver</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.10882</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 100.00 Bi-weekly payroll deduction - \$50
City Atlanta State GA Zip Code 30339	FEC ID number of contributing federal political committee. C	
Name of Employer Gentiva Health Services, Inc.	Occupation Chief Clinical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

**A. Damien Weston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3350 Riverwood Pkwy  
 Ste 1400  
 City Atlanta State GA Zip Code 30339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gentiva Occupation AVP - Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 28 / 2014  
**Transaction ID : SA11AI.10884**  
 Amount of Each Receipt this Period 150.00  
 Bi-weekly payroll deduction - \$75

**B. James Williamson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3350 Riverwood Parkway  
 Suite 1400  
 City Atlanta State GA Zip Code 30339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gentiva Occupation AVP - Risk Mgt.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 28 / 2014  
**Transaction ID : SA11AI.10887**  
 Amount of Each Receipt this Period 140.00  
 Bi-weekly payroll deduction - \$70

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

Date of Receipt  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3814.60

# 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 type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Full Name (Last, First, Middle Initial)

**A. BRADY FOR CONGRESS**

Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2014

Transaction ID : SB23.10770

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

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

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

1000.00
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1000.00
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