Image# 2017	701099041201825

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PAGE 1 / 22

FEC A	EPORT OF R ND DISBURS or Other Than An Autho	SEMENTS	Office	e Use Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Gentiva Health Services	Inc PAC GentivaPA	C		
ADDRESS (number and street)	3350 Riverwood Parkway, Suit	ie 1400		
Check if different				
than previously reported. (ACC)	Atlanta		GA 303	339
2. FEC IDENTIFICATION NUM	IBER ▼ CITY.	▲	STATE A	ZIP CODE
C C00407080	3. IS T REF	THIS NEW PORT (N) OR	AMENDE (A)	Đ
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	(b) Monthly Report Due On: Apr 20	D (M3) Jun 20 (M6)	Aug 20 (Ma Sep 20 (Ma Oct 20 (M1	9) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(C) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	In the State of
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day <b>POST</b> -Election Report for the: Election	General (30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period	/ D D / Y Y Y Y 29 2016	through 12		Y Y Y 2016
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of m Sierpina, Raymond, , ,	y knowledge and belief it is tru	ue, correct and com	olete.
Signature of Treasurer	ı, Raymond, , ,	[Electronically Filed]	Date 01 /	09 / Y Y Y Y 2017
NOTE: Submission of false, erroneo	us, or incomplete information n	nay subject the person signing t	his Report to the pen	alties of 52 U.S.C. § 30109
Office Use Only			FE	C FORM 3X Rev. 05/2016

X

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

#### FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Gentiva Health Services Inc PAC GentivaPAC MM D D М D Y N T. 11 29 2016 12 31 2016 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 16103.20 January 1, 2016 (b) Cash on Hand at 35662.46 Beginning of Reporting Period..... 3514.35 43246.30 Total Receipts (from Line 19) ..... (C) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 59349.50 39176.81 6(a) and 6(c) for Column B)..... 119.21 20291.90 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 39057.60 39057.60 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations Owed TO 9. 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. 05/2016)

Write or Type Committee Name

#### Gentiva Health Services Inc PAC GentivaPAC

I. Receipts	COLUMN A	COLUMN B
·	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3250.00	34115.00
(i) itemized (use Schedule A)	4 4	, , , , , , , , , , , , , , , , , , , ,
(ii) Unitemized	264.35	9131.30
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	3514.35	43246.30
(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)▶	3514.35	43246.30
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.) 7. Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
		0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
		0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	3514.35	43246.30
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	3514.35	43246.30

I

#### DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Derating 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
(1	<ul> <li>Other Federal Operating Expenditures</li> </ul>	119.21	1291.90
(0	c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	119.21	1291.90
	ransfers to Affiliated/Other Party		
Ċ	Committees Contributions to Jederal Candidates/Committees	0.00	20000.00
	ederal Candidates/Committees nd Other Political Committees	0.00	-1000.00
(ι	ndependent Expenditures use Schedule E) Coordinated Party Expenditures	0.00	0.00
(!	52 U.S.C. § 30116(d)) use Schedule F)	0.00	0.00
L	oan Repayments Made	0.00	0.00
	oans Made	0.00	0.00
F	Refunds of Contributions To: a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	<ul><li>p) Political Party Committees</li><li>c) Other Political Committees</li></ul>	0.00	0.00
(•	(such as PACs)	0.00	0.00
(0	d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
C	Other Disbursements (Including	<u> </u>	4 4 4
	Ion-Federal Donations)	0.00	0.00
,	ederal Election Activity (52 U.S.C. § 30101) a) Allocated Federal Election Activity (from Schedule H6)	20))	
	(i) Federal Share	0.00	0.00
/1	(ii) "Levin" Share c) Federal Election Activity Paid	0.00	0.00
(1	Entirely With Federal Funds	0.00	0.00
(0	c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	119.21	20291.90
(\$	otal Federal Disbursements subtract Line 21(a)(ii) and Line 30(a)(ii)		
fr	rom Line 31)	119.21	20291.90

#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	3514.35	43246.30
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	3514.35	43246.30
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	119.21	1291.90
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	119.21	1291.90

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

(check only one)

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	FIJ		Detailed Summary Page	7	<b>'</b> 11a		11b		11c		12	
					13		14		15		16	17
or for commercial purpose	es, other than using the		/ not be sold or used by any p dress of any political committee									
NAME OF COMMITTE	. ,											
Gentiva Health	Services Inc PA	C Gentiva	PAC									
Full Name of Individual A. Bethea, Betty, Faye		itial) or Full Org	ganization Name		Date o	of R	eceipt					
Mailing Address 702 V	oyager Dr				<sup>M</sup> 12	1	/ D 3	D 31	/ Y		) 16	Y
City		State	Zip Code		Tran	sac	tion ID	) : PF	R22904	540	)5187(	D
Houston		ТХ	77062-5617		Amour	nt of	Each	Rec	eipt thi	is P	eriod	
FEC ID number of con federal political commit	0	С					-yr-		7	_	30.0	00
Name of Employer (for	Individual)	Occu	pation (for Individual)	-	N	lem	o Item	n				
Gentiva Health Services	s Inc.	Reg I	Dir Ops Comm Care									
Receipt For:		-	/ear-to-Date ▼									
Primary	General	, iggi egute i		- F	P/R De	duct	ion (\$1	10.00	) Bi-We	ekly	/)	
Other (specify) ▼	,		270.00							-		
Full Name of Individua B. Eberwine, Julie, ,		itial) or Full Org	ganization Name		Date o	of R	eceipt					
Mailing Address 9113	Wampton Way				M 12		D 3	D 31	/ Y		) 16	Y
City		State	Zip Code		Tran	sact	tion ID	) : PF	R22904	541	5187(	)
Austin		TX	78749-4265		Amour	nt of	Each	Rec	eipt thi	is P	eriod	
FEC ID number of con federal political commit	0	С					-9		-7	_	30.0	00
Name of Employer (for Gentiva Health Services			pation (for Individual) Dir Ops Comm Care		N	1em	o Item	I				
Receipt For: Primary Other (specify) ▼	General	Aggregate Y	/ear-to-Date ▼ , 270.00	] F	P/R Dec	ducti	ion (\$1	0.00	) Bi-We	ekly	′)	
Full Name of Individua <b>c.</b> Carr, Ginger, , ,	(Last, First, Middle In	itial) or Full Org	ganization Name		Date o	of R	eceipt					
Mailing Address 604 C	ountryside Estate				M 12	1		D 31	/ Y		)16	Y
City		State	Zip Code		Tran	sac	tion ID	) : PI	R22904	1542	25187	0
Alma		AR	72921-7762		Amour	nt of	Each	Rec	eipt thi	is P	eriod	
FEC ID number of con federal political commit	J	С			<u> </u>		<b>y</b>		5	_	50.0	00
Name of Employer (for Gentiva Health Services			pation (for Individual) utive Dir Home Health		N	/lem	o Item	ı				
Receipt For: Primary Other (specify)	General	Aggregate Y	/ear-to-Date ▼ 460.00	]   '	P/R De	duct	ion (\$1	10.00	) Weekl	ly)		
SUBTOTAL of Receipts	This Page (optional)			<u> </u>			,		9		110.0	00

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

FEC Schedule A (Form 3X) Rev. 06/2016

1 1 4p 1 1 4p 1 1 4p 1

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

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or	/ information copied from such Reports and Station commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAC	Gentiva	aPAC	
<b>A.</b>	Full Name of Individual (Last, First, Middle Initia Cavanaugh, Peter, , , Mailing Address 2720 SW Regal Drive	l) or Full Or	rganization Name	Date of Receipt
	City	State	Zip Code	12 31 2016 Transaction ID : PR2290454351870
	Lees Summit	MO	64082-1427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) Gentiva Health Services Inc.		ipation (for Individual) ir Reg Finance KAH	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initia Howard, Jesse, , ,	l) or Full Or	rganization Name	Date of Receipt
	Mailing Address 627 Wheatland Dr.			12 31 2016
	City MC GREGOR	State TX	Zip Code 76657-9717	Transaction ID : PR2290454851870 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Regional Ops KAH	Memo Item
ļ	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initia Koch, Robert, A, ,	l) or Full Or	rganization Name	Date of Receipt
	Mailing Address 9630 N 18th St			12 31 2016
	City Phoenix	State AZ	Zip Code 85020-2317	Transaction ID : PR2290455051870           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) Gentiva Health Services Inc.		ipation (for Individual) Regional Ops KAH	Memo Item
Ì	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
	JBTOTAL of Receipts This Page (optional)			70.00

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

(check only one)

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				etailed Summary Page	×	11a		111	b	11c	12	
				, ,		13		14		15	16	17
or for commercial purpos	es, other than using th	Statements ma e name and a	ay no addres	t be sold or used by any person of any political committee	to sol	or the icit cor	purp ntrib	pos utic	e of a	soliciting om suct	contribut	ions ee.
Gentiva Health	Services Inc PA	AC Gentiv	νaΡΑ	NC								
Full Name of Individua A. Merrell, Alease, D,	al (Last, First, Middle In ,	nitial) or Full C	Organi	zation Name		Date of	Re	cei	pt			
Mailing Address 190 L	ive Oak Circle					м м 12	/		31	/ Y	2016	Y
City Millbrook		State AL		Zip Code 36054-2573				-			45515187 iis Period	)
FEC ID number of co federal political comm	0	С						,		-	20.0	00
Name of Employer (fo Gentiva Health Service	,			on (for Individual) es KAH		Me	emo	) Ite	em			
Receipt For: Primary Other (specify)	General	Aggregate	Year-	to-Date ▼ 260.00	P/	R Ded	uctic	on (	(\$10.0	00 Bi-W€	eekly)	
Full Name of Individua B. Roberts, Sarah,	al (Last, First, Middle In <b>J, ,</b>	iitial) or Full C	Organi	zation Name		Date of	Re	cei	pt			
Mailing Address 4042	7 Pauls Crossing Rd					<sup>M</sup> M 12	/		31	/ Y	y y 2016	Y
City Richfield		State NC		Zip Code 28137-8666				-			<b>15525187(</b> iis Period	)
FEC ID number of co federal political comm	0	С						,			20.0	00
Name of Employer (for Gentiva Health Service				on (for Individual) ng R&D		Me	emo	) Ite	em			
Receipt For: Primary Other (specify)	General	Aggregate	Year	to-Date ▼ 260.00	P/	R Dedu	uctio	on (	\$10.0	)0 Bi-We	eekly)	
Full Name of Individua	al (Last, First, Middle In I, D, ,	iitial) or Full C	Organi	zation Name		Date of	Re	cei	pt			
Mailing Address 368	Whitehall Street					<sup>M</sup> 12	/		31	/ Y	2016	Y
City Lynbrook		State NY		Zip Code 11563-1049	A						45545187 iis Period	0
FEC ID number of co federal political comm	0	C						y		.,	20.0	00
Name of Employer (fo Gentiva Health Service	,		•	on (for Individual) ctor Sales		Me	emo	) Ite	em			
Receipt For: Primary Other (specify)	General	Aggregate	Year	to-Date ▼ 260.00	P/	R Ded	uctic	on (	(\$10.(	00 Bi-We	eekly)	
SUBTOTAL of Receipts	This Page (optional)			••••••				,			60.0	0
TOTAL This Period (las	t page this line number	only)		·····	Ī			,				

# SCHEDULE A (FEC Form 3X)

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

FOR LINE NUMBER:

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r for commercial purposes, other than using	nd Statements ma	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1
r for commercial purposes, other than using	nd Statements ma		
	the name and a		e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Gentiva Health Services Inc	PAC Gentiva	aPAC	
Full Name of Individual (Last, First, Middle Topp, Patrick, M, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6032 West Glen Court			M M / D D / Y Y Y Y 12 31 2016
City Franklin	State WI	Zip Code 53132-9256	Transaction ID : PR2290455551870 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer (for Individual) Gentiva Health Services Inc. Receipt For:	Sr E	upation (for Individual) xec Dir II Home Healt	Memo Item
Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$5.00 Weekly)
Full Name of Individual (Last, First, Middle Word, Jamie, , , Mailing Address 101 Kingsridge Blvd	e Initial) or Full O	rganization Name	Date of Receipt
City Tullahoma	State	Zip Code 37388-4804	12 31 2016 Transaction ID : PR2290455651870
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) cutive Dir Home Health	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$5.00 Weekly)
Full Name of Individual (Last, First, Middle Arant, Vicki, L, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 108 Verandah Ct			12 / D D / Y Y Y Y 12 31 2016
City Bonaire	State GA	Zip Code 31005-4841	Transaction ID : PR2290455951870           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		45.00
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) cutive Dir Hospice	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi-Weekly)
			80.00

# SCHEDULE A (FEC Form 3X)

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
ILIVILED RECEIFIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Gentiva Health Services Inc F	PAC Gentiv	aPAC								
Full Name of Individual (Last, First, Middle Baker, Kelly, A, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 923 Grandview Way NW			M M / D D / Y Y Y Y 12 31 2016							
City Acworth	State GA	Zip Code 30101-7843	Transaction ID : PR2290456051870           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Dir Contract Admin	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Funk, Cheryl, L, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6780 West 30th Dr	State	Zip Code	12 / D D / Y Y Y Y 12 31 2016							
West Terre Haute	IN	47885-9730	Transaction ID : PR2290456251870 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) a Director Sales	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Jans, Lisa, L, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 13783 46th Lane Ne	12 / D D / Y Y Y Y 12 / 31 / 2016									
City Saint Michael	State MN	Zip Code 55376-4545	Transaction ID : PR2290456451870           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		75.00							
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) c Team Lead PT HH	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 525.00	P/R Deduction (\$15.00 Weekly)							
SUBTOTAL of Receipts This Page (optional)		,	135.00							

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

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	×	11a 13		11 14		11c	1:	Г	17				
An or	y information copied from such Reports and for commercial purposes, other than using th	Statements mane and a	ay not be sold or used by any p ddress of any political committee	erson f e to sol	or the	purp ntrib	pos	se of s	solicitin	g contr	ibutic	ons				
$\rangle$	NAME OF COMMITTEE (In Full) Gentiva Health Services Inc P/	AC Gentiv	aPAC													
۹.	Full Name of Individual (Last, First, Middle In Trelstad, Linda, , ,	nitial) or Full C	rganization Name		Date of	Re	cei	pt								
	Mailing Address 512 Hillside Trail				12 31 2016											
	City Woodstock	State GA	Zip Code 30188-5167	Transaction ID : PR2290456751870           Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					,				45.00	)				
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Revenue & AR		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 405.00	P/	P/R Deduction (\$15.00 Bi-Weekly)											
3.	Full Name of Individual (Last, First, Middle In Zucker, Bernadette, , ,	nitial) or Full C	rganization Name		Date of	Re	cei	pt								
	Mailing Address 3312 Pineneedle Lane							12 / D D / Y Y Y Y 12 31 2016								
	City Louisville	State KY	A			-			456951 his Per							
	FEC ID number of contributing federal political committee.	С			45.00											
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) cutive Dir Hospice PRN		Me	emo	) Ite	əm								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/	P/R Deduction (\$15.00 Bi-Weekly)											
).	Full Name of Individual (Last, First, Middle In Beasley, Selece Yvonne, , ,	nitial) or Full C	rganization Name		Date of	Re	cei	pt								
	Mailing Address 974 Hearthstone Place				12 <sup>M</sup>	/	L	31		2016	5					
	City Stone Mountain	State GA	Zip Code 30083-2506	A						045705 his Per						
	FEC ID number of contributing federal political committee.	С				,		9		40.00	)					
	Name of Employer (for Individual) Gentiva Health Services Inc.	dual) Occupation (for Individual) Reg Aff Clin Rsk Mgt DVP						em								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	] P/	'R Ded	uctio	on	(\$20.0	00 Bi-W	/eekly)						
						_		_			_	_				

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Use separate schedule(s)	(check only one)
for each category of the	
Detailed Summary Page	<b>X</b> 11a 11

FOR LINE NUMBER:

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TEIMIZED RECEIPTS		Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
Any information conied from such Ren	orts and Statements m	av not be sold or used by any n	13     14     15     16     17       person for the purpose of soliciting contributions						
			e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Gentiva Health Services	Inc PAC Gentiv	aPAC							
Full Name of Individual (Last, First, Evans, Regina, D, ,	Middle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2 Mossy Rock Lane			12 31 2016						
City	State	Zip Code	Transaction ID : PR2290457251870						
Cartersville	GA	30120-7474	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Dir Operl Initiatives	Memo Item						
Receipt For:		•							
Primary General	Aggregale	Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)						
Other (specify)									
Full Name of Individual (Last, First, <b>3. Haglund</b> , Matthew, R, ,	Middle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 537 Mayfair Circle	12 / D D / Y Y Y Y 2016								
City	State	Zip Code	Transaction ID : PR2290457351870						
Orlando	FL	32803-6624	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) P Sales HCH KAH	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	7.55.054.0		P/R Deduction (\$20.00 Bi-Weekly)						
Other (specify) ▼		520.00							
Full Name of Individual (Last, First, Hughes, Jackie, M, ,	Middle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5236 W Alameda R	d		12 / D D / Y Y Y Y 12 31 2016						
City	State	Zip Code	Transaction ID : PR2290457451870						
Glendale	AZ	85310-3707	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item						
Gentiva Health Services Inc.		Dir Reg Finance KAH							
Receipt For:	I	Year-to-Date ▼	—						
Primary General	Aggregate		P/R Deduction (\$20.00 Bi-Weekly)						
Other (specify)		520.00							
SUBTOTAL of Receipts This Page (or	ptional)		120.00						
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Use separate schedule(s)
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	or commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full)																
$\rangle$	Gentiva Health Services Inc PA	C Gentiv	aPAC														
٩.	Full Name of Individual (Last, First, Middle Init Nordman, Derek, G, ,	ial) or Full O	rganization Name		Date of	Re	eceip	ot									
	Mailing Address 1906 Skybrooke Lane				<sup>M</sup> 12	/	D	31	/ Y	2016	Y						
	City	State	Zip Code		Trans	acti	ion I	ID : P	R22904	5765187	0						
	Hoschton	GA	30548-6284	Amount of Each Receipt this Period													
	EC ID number of contributing ederal political committee.	С		40.00													
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Division Ops KAH		Me	emo	lter	m									
	Receipt For:		Year-to-Date ▼														
	Primary General Other (specify) V		520.00	P/	P/R Deduction (\$20.00 Bi-Weekly)												
	Full Name of Individual (Last, First, Middle Init O'hara, Laurie, , ,	ial) or Full O	rganization Name		Date of	Re	eceip	ot									
Mailing Address 120 Cedar Trails							12 / D D / Y Y Y Y 12 31 2016										
	City	State	Zip Code		Trans	acti	ion I	D : P	22904	5775187	0						
	Winston Salem	NC	27104-5011	A	mount	of	Eac	h Rec	eipt th	is Period							
	FEC ID number of contributing ederal political committee.	С					-9-		-y=-	40.0	00						
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) P Sales HCH KAH		Me	emo	) Iter	m									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/	R Dedu	uctio	on (\$	\$20.00	) Bi-We	ekly)							
	Full Name of Individual (Last, First, Middle Init Kramme, Mary, , ,	ial) or Full O	rganization Name		Date of	Re	eceip	ot									
	Mailing Address 701 Brighton Court				<sup>M</sup> 12	1	D	31	/ Y	2016	Y						
	Dity	State	Zip Code		Trans	act	ion l	ID : P	R22904	15805187	0						
-	Rolla	MO	65401-3982	A	Mount	of	Eac	h Red	eipt th	is Period							
	FEC ID number of contributing ederal political committee.	С				_	9		y	75.(	00						
	Name of Employer (for Individual)	Occi	upation (for Individual)		Me	emc	b Iter	m									
	Gentiva Health Services Inc.	AVP	Operations KAH CC														
	Receipt For:	Aggregate	Year-to-Date 🔻														
	Other (specify)		675.00	P/	R Ded	ucti	on (\$	\$25.00	) Bi-We	ekly)							
sı	BTOTAL of Receipts This Page (optional)			•			9		y	155.(	00						

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	r information copied from such Reports and State					or the		pos	se of						
· · · · ·	or commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and a	addre	ess of any political committee	to sol	cit cor	ntrib	outio	ons f	rom suc	h co	mmitte	90.		
	Gentiva Health Services Inc PAC	Gentiv	/aP/	AC											
	Full Name of Individual (Last, First, Middle Initial) Bagwell, Camille, L, ,	or Full C	Organ	ization Name		ate of	Re	ecei	ipt						
I	Mailing Address P.o. Box 256					м м 12	/	Γ	D D 31			) 16	Y		
	City	State NC		Zip Code		Trans	acti	ion	ID :	PR2290	4581	51870	)		
-	Kings Mountain	NC		28086-0256	_ A	mount	of	Ea	ich R	eceipt t	his P	eriod			
	FEC ID number of contributing rederal political committee.	C	_			_		7	_			75.0			
	Name of Employer (for Individual) Gentiva Health Services Inc.		•	on (for Individual) s Home Health KAH		Me	emo	o Ite	em						
Ī	Receipt For:	ggregate	e Year	r-to-Date ▼											
	Primary General Other (specify) ▼		-9-	675.00	P/	R Ded	uctio	on	(\$25.	00 Bi-W	eekly	()			
		or Full C	Organ	ization Name		ate of	Be	ecei	int						
Mailing Address 4301 San Marcos Rd.							Date of Receipt								
-	City	State		Zip Code		12 <b>T</b> rong			31						
	Louisville	KY		40299-1407						PR2290 eceipt t					
	FEC ID number of contributing federal political committee.					75.00									
	Name of Employer (for Individual) Gentiva Health Services Inc.		•	ion (for Individual) erations HH		Me	emo	o Ite	em						
Ī	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00					P/R Deduction (\$25.00 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial) Griffin, Mary, P, ,	or Full C	Organ	ization Name		ate of	Re	ecei	ipt						
I	Mailing Address 12025 Wildwood Springs Drive					<sup>M</sup> 12	/	C	<sup>D</sup> 31	/		)16 )	Y		
	City Roswell	State GA		Zip Code 30075-1843				-		PR229			)		
-		UA	_	30075-1843	A	mount	of	Ea	ich R	eceipt t	his P	eriod	_		
	EEC ID number of contributing rederal political committee.	C	_		Ľ			9	_		_	75.0	0		
	Name of Employer (for Individual) Gentiva Health Services Inc.		cupati ec Dir	on (for Individual)		M	emo	o Ite	em						
Ī		ggregate	e Yea	r-to-Date ▼											
	Primary     General       Other (specify)		-	675.00	P/	R Ded	uctio	on	(\$25.	00 Bi-W	'eekly	/)			
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	y information copied from such Reports and State for commercial purposes, other than using the na																
$\rangle$	NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAC	Gentiva	aPAC														
A.	Full Name of Individual (Last, First, Middle Initial) Mascardi, Rosa, , ,	or Full O	organization Name	[	Date of	Re	ecei	pt									
	Mailing Address 1412 Green Edge Trl				м м 12	/	ľ	31	/ Y	ү ү 2016	Y						
	City Wake Forest	State NC	Zip Code 27587-6121	Transaction ID : PR2290458951870           Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С		50.00													
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) P Sales HCH KAH		Me	emo	) Ite	əm									
	Receipt For: Primary General Other (specify) ▼	P	R Dedu	uctio	on (	(\$25.0	00 Bi-We	eekly)									
	Full Name of Individual (Last, First, Middle Initial) Ward, Virgel, E, ,	or Full O	organization Name		Date of	Re	ecei	pt									
	Mailing Address 28 Erika Lane							12 / D D / Y Y Y Y 12 31 2016									
	City Collinsville						Transaction ID : PR2290459051870 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				- <b>j</b> -		-95	50.0	00							
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) a Director Sales		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Primary General Agglegate Teal-to-Date V					P/R Deduction (\$25.00 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initial) Wilbanks, Melissa, M, ,	or Full O	organization Name		Date of	Re	ecei	pt									
	Mailing Address 854 Vanessa Drive				12 <sup>M</sup>	/	L	31	/ Y	2016 Y							
	City Trussville	State AL	Zip Code 35173-3250							45915187 his Period	0						
	FEC ID number of contributing federal political committee.	С			_	_	,		. y	50.0	00						
	Name of Employer (for Individual) Gentiva Health Services Inc.	upation (for Individual) ? Sales KAH		Memo Item													
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	P/	/R Ded	uctio	on (	(\$25.0	00 Bi-W	eekly)							
s	JBTOTAL of Receipts This Page (optional)						7			150.0	00						
т	OTAL This Period (last page this line number only	y)		•			-		-7-								

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c	12	<b>1</b>	
Any information copied from such Reports or for commercial purposes, other than us			erson fo	r the p		oose of	solicitin	ig contrik	outions	
NAME OF COMMITTEE (In Full) Gentiva Health Services Ir	c PAC Gentiv	aPAC								
Full Name of Individual (Last, First, Mi Champion, Tanya, L, ,	ddle Initial) or Full O	rganization Name	Da	ate of	Re	ceipt				
Mailing Address 332 Sheppard Rd			_  L	<sup>M</sup> 12	/	D 31	JL	2016		
City Taylor	State	Zip Code 36301-0737						04592518		
FEC ID number of contributing federal political committee.	C		Ar	nount	OT	Each R	eceipt t	his Peric 6	0.00	
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Regional Ops KAH		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	P/R	R Dedu	uctic	on (\$30.	00 Bi-W	/eekly)				
Full Name of Individual (Last, First, Mi Dolin, Connie, , ,	ddle Initial) or Full O	rganization Name	Da	ate of	Re	ceipt				
Mailing Address 105 Ashton Woods Ct		12 31 Y Y Y Y 12 31 2016								
City Mt Holly	State NC	Zip Code 28120-9482						04593518 his Peric		
FEC ID number of contributing federal political committee.	C			60.00						
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Regional Clin Ops KAH		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R	Dedu	uctio	on (\$30.	00 Bi-W	'eekly)		
Full Name of Individual (Last, First, Mi C. Pierce, Leland, , ,	ddle Initial) or Full O	rganization Name	Da	ate of	Re	ceipt				
Mailing Address 2103 Bloomsbury Rd				12 <sup>M</sup>	/	D D D 31	JL	2016		
City Greenville	State NC	Zip Code 27858-8501						0459651		
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Clin Ops Support HH		Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 780.00	P/F	R Dedu	uctio	on (\$30.	00 Bi-W	/eekly)		
SUBTOTAL of Receipts This Page (option	onal)					,	. ,	18	0.00	
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	EMIZED RECEIPTS	for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			Detailed Summary Page	13 14 15 16 17					
or fo	or commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	JAME OF COMMITTEE (In Full) Gentiva Health Services Inc P	AC Gentiva	aPAC						
	ull Name of Individual (Last, First, Middle I Brooks, Adam, Y, ,	Initial) or Full O	rganization Name	Date of Receipt					
N	Nailing Address 1612 Penderlea Lane			12 / D D / Y Y Y Y 12 31 2016					
	Dity	State NC	Zip Code	Transaction ID : PR2290459851870					
_	Matthews	NC	28105-6848	Amount of Each Receipt this Period					
	EC ID number of contributing ederal political committee.	С		35.00					
	lame of Employer (for Individual) Sentiva Health Services Inc.		upation (for Individual) 9 Business Dev NCD	Memo Item					
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Other (specify) ▼		875.00	P/R Deduction (\$35.00 Bi-Weekly)					
	Full Name of Individual (Last, First, Middle I Sylvestre, Trevor, M, ,	Initial) or Full O	rganization Name	Date of Receipt					
N	Aailing Address 250 Bontura Drive	12 31 Y Y Y Y 12 31 2016							
Ċ	Dity	State	Zip Code	Transaction ID : PR2290459951870					
	Senoia	GA	30276-1330	Amount of Each Receipt this Period					
	EC ID number of contributing ederal political committee.	С		70.00					
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Dir Finance HCH	Memo Item					
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 910.00	P/R Deduction (\$35.00 Bi-Weekly)					
	ull Name of Individual (Last, First, Middle I Aurelio, John, , ,	Initial) or Full O	rganization Name	Date of Receipt					
_	Aailing Address 1104 Wickford Court			12 31 2016					
C	Dity	State	Zip Code	Transaction ID : PR2290460151870					
_	Keller	ТХ	76248-5740	Amount of Each Receipt this Period					
	EC ID number of contributing ederal political committee.	С		120.00					
-	Jame of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
	Sentiva Health Services Inc.		Region Ops KAH						
F	Receipt For:		Year-to-Date ▼						
	Other (specify)		1080.00	P/R Deduction (\$40.00 Bi-Weekly)					

# SCHEDULE A (FEC Form 3X) \_\_\_\_\_

Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the	🗶 11a 🗌 11b 🗌
Detailed Summary Page	

TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)										
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Gentiva Health Services Inc F	PAC Gentiv	aPAC											
Full Name of Individual (Last, First, Middle <b>A.</b> Clark, Raymond, D., ,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 2787 N. Houston Street Apt 4003			M M / D D / Y Y Y Y 12 31 2016										
City Dallas	State TX	Zip Code 75219-5042	Transaction ID : PR2290460351870 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		80.00										
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Regional Clin Ops KAH	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middle 3. Elkin, Mary, , ,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 9 Somerset Lane #311		12 / D D / Y Y Y Y Y 12 31 2016											
City Edgewater	State NJ	Zip Code 07020-2403	Transaction ID : PR2290460451870 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		80.00										
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Enterprise SIs Support	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1040.00	P/R Deduction (\$40.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. Knight, Rebecca, W, ,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 3048 Steel Creek Rd			12 / D D / Y Y Y Y 2016										
City Georgetown	State MS	Zip Code 39078-9707	Transaction ID : PR2290460551870           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		120.00										
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) 9 Operations	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1080.00	P/R Deduction (\$40.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			280.00										
TOTAL This Period (last page this line numb	per only)												

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# SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)										
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1										
			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Gentiva Health Services Inc	PAC Gentiv	aPAC											
Full Name of Individual (Last, First, Middle AShoemaker, Paula, , ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 2950 Mt Wilkinson Parkw #815	-		12 / D D / Y Y Y Y Y 12 31 2016										
City Atlanta	State GA	Zip Code 30339-3662	Transaction ID : PR2290460751870           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		80.00										
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) es Level 4 (VP)	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. Ledbetter, George, , ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 1620 Elder Hill Rd													
City Driftwood	State TX	Zip Code 78619-9104	Transaction ID : PR2290460951870 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		150.00										
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Dir Managed Care KAH	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1350.00	P/R Deduction (\$50.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. Eubanks, David, A, ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 2905 Park Ridge Dr.			12 / D D / Y Y Y Y 12 31 2016										
City Paragould	State AR	Zip Code 72450-6029	Transaction ID : PR2290461251870 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		150.00										
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Operations HP	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optiona	l)		380.00										
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c		12 16	17		
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		oose		oliciting	g cont	tributi	ons		
$\rangle$	NAME OF COMMITTEE (In Full) Gentiva Health Services Inc PAC	Gentiva	aPAC											
Α.	Full Name of Individual (Last, First, Middle Initial) Lewis, Deanna, Faye, ,	or Full O	rganization Name	D	ate of	Re	ceipt							
	Mailing Address 1645 Benbow Rd				<sup>M</sup> 12	/		<sup>р</sup> 31	/ Y	y 201	16 1	Y		
	City Inez	State TX	Zip Code 77968-3314						R22904					
			11900-3314	_  A	mount	of	Each	Rec	eipt th	is Pe	riod			
	FEC ID number of contributing federal political committee.	С			_		7		-7	2	250.0	0		
	Name of Employer (for Individual)	Occi	upation (for Individual)	10	Me	emo	Item	ı						
	Gentiva Health Services Inc.	Exe	cutive Dir Home Health											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		2500.00	P/I	P/R Deduction (\$50.00 Weekly)									
в.	Full Name of Individual (Last, First, Middle Initial) Crossno, Ronald, J, ,	or Full O	rganization Name	D	ate of	Re	ceipt							
	Mailing Address 1904 Sager Rd						12 31 2016							
	City	State		Trans	acti	on IC	) : PF	R22904	46225	1870				
	Rockdale	TX	76567-2058	A	mount	of	Each	Rec	eipt th	is Pe	riod			
	FEC ID number of contributing federal political committee.	С					<b>,</b>		-	1	140.0	0		
	Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) Med Aff & CMO KAH		Me	emo	Item	ı						
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 1820.00	P/F	R Dedu	uctio	on (\$7	70.00	) Bi-We	∍ekly)				
с.	Full Name of Individual (Last, First, Middle Initial) Drake, Shannon, L, ,	or Full O	rganization Name	D	ate of	Re	ceipt							
	Mailing Address 3193 Wicks Creek Trail				<sup>M</sup> 12	/		<sup>р</sup> 31	/ Y	201		Y		
	City	State	Zip Code		Trans	acti	ion II	) : P	R2290	46235	51870			
	Marietta	GA	30062-4838	A	mount	of	Each	Rec	eipt th	is Pe	riod			
	FEC ID number of contributing federal political committee.	С					y .		9	1	140.0	0		
	Name of Employer (for Individual)	Осси	upation (for Individual)	[	Me	emo	Item	ı						
	Gentiva Health Services Inc.	SVP	& Chief Counsel KAH											
	Other (specify)		1820.00	P/I	R Ded	uctio	on (\$	70.00	) Bi-We	ekly)	1			
s	UBTOTAL of Receipts This Page (optional)		••••••				,		-	5	530.0	0		
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		Detailed Summary Page	×			11b		11c	12		
Any information copied from such Reports and	Statements ma	ay not be sold or used by any p	erson fe	13 or the	purr	14 0056	e of s	15 1iciting	contribu	17 Itions	
or for commercial purposes, other than using th	ne name and a	ddress of any political committee	e to sol	icit cor	ntrib	utio	ns fro	m such	o commit	tee.	
NAME OF COMMITTEE (In Full)											
Gentiva Health Services Inc P	AC Gentiv	aPAC									
Full Name of Individual (Last, First, Middle II Causby, David, A, ,	nitial) or Full C	rganization Name	C	ate of	Re	ceip	ot				
Mailing Address 4000 Heatherwood Way				м м 12	1	D	д 31	/ Y	ү ү 2016	Y	
City	State	Zip Code		Trans	acti	ion	ID : P	R22904	6265187	<u>′0</u>	
Roswell	GA	30075-2284	A	mount	of	Eac	h Re	ceipt th	is Period	l	
FEC ID number of contributing federal political committee.	С					,		-9	200	.00	
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) 2 & President KAH		Me	emo	lte	m				
Receipt For:		Year-to-Date ▼									
Primary General Other (specify) ▼	Aggregate	2600.00	P/	R Ded	uctio	on (S	\$100.(	00 Bi-W	/eekly)		
Full Name of Individual (Last, First, Middle Ii 3. Sexe, Todd, , ,	nitial) or Full C	rganization Name		ate of	Re	ceip	ot				
Mailing Address 8186 Enclave Road				12 31 2016							
City	State	Zip Code		Transaction ID : PR2290462851870							
Woodbury	MN	55125-3032	A	mount	of	Eac	h Reo	ceipt th	is Period	1	
FEC ID number of contributing federal political committee.	С					,		-17-	200	.00	
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) P Region Ops KAH		Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2600.00	P/	R Dedi	uctic	on (\$	\$100.0	)0 Bi-W	'eekly)		
Full Name of Individual (Last, First, Middle In C. Ellison, Kassi, D, ,	nitial) or Full C	rganization Name		Date of	Re	ceip	ot				
Mailing Address 125 Rachel Lane				<sup>M</sup> 12	/	D	31	/ Y	2016	Y	
City	State	Zip Code		Trans	acti	ion	ID : P	R23629	9791518	70	
Lumberton	TX	77657-5990	A	mount	of	Eac	h Re	ceipt th	is Period		
FEC ID number of contributing federal political committee.	С					,		y	20	.00	
Name of Employer (for Individual) Gentiva Health Services Inc.		upation (for Individual) a Director Sales		M	emo	) Ite	m				
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General	riggroguto		P/	P/R Deduction (\$10.00 Bi-Weekly)							
Other (specify)		240.00									
SUBTOTAL of Receipts This Page (optional)			. [						420	00	
TOTAL This Period (last page this line numbe	r only)		. [			,		-	3250	.00	

Any or f	MIZED DISBURSEMENTS	for each o	arate schedule(s) category of the		heck only	NUMBER: PAGE 22 OF 22 ( one)							
or f		Detailed S											
or f			Summary Page		<b>X</b> 21b 28a	22 23 26 27 28b 28c 29 30b							
	or commercial purposes, other than using the na				any pers	on for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)	•											
	Gentiva Health Services Inc PAC	GentivaP	PAC										
	Full Name (Last, First, Middle Initial) Bank of America					Date of Disbursement							
ľ	Mailing Address PO Box 15284					12 15 2016							
۱	City Wilmington	State DE	Zip Code 19850			FEC Identification Number							
	Purpose of Disbursement Bank service fee				001	С							
(	Candidate Name			Cate	egory/ ype	Transaction ID : 74660100 Amount of Each Disbursement this Period 119.21 Bank service fee							
Ō	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General		<u>, , , , , , , , , , , , , , , , , , , </u>								
ę	State: District:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Memo Item							
Б. В.	Full Name (Last, First, Middle Initial)					Date of Disbursement							
ľ	Mailing Address												
	City	State	Zip Code			FEC Identification Number							
F	Purpose of Disbursement		_	С									
7	Candidate Name	Ga			egory/ ype	Amount of Each Disbursement this Period							
Ō	Senate												
ę	State: District:	Other (spec	cify)			Memo Item							
с. Г	Full Name (Last, First, Middle Initial)					Date of Disbursement							
ľ	Mailing Address												
Ō	City	State	Zip Code	FEC Identification Number									
Ē	Purpose of Disbursement					С							
	Candidate Name	Category/ Type				Amount of Each Disbursement this Period							
(	Senate	ment For: Primary	General										
ę	State: District:	Other (spec	cify) 🔻			Memo Item							
	JBTOTAL of Disbursements This Page (optional).					119.21							