Image# 14960805923							PAGE 1 / 11
FEC FORM 3X	Α	ND DIS	OF REC BURSEI	MENT	S		
1. NAME OF COMMITTEE (in fu		PE OR PRINT 🔻		ample: If typir er the lines.	ng, type	12FE4M5	Office Use Only
ADDRESS (number and		3350 RIVERWOC					
Check if differ		SUITE 1400					
than previousl reported. (ACC						GA	30339
2. FEC IDENTIFICA		BER 🔻			S		ZIP CODE
C C00407080			3. IS THIS REPORT		NEW N) OR	× AME (A)	ENDED
July 15 Quarterly October 1	rts: Report (Q1) Report (Q2) 5 Report (Q3)	(b) Monthly Report Due On: (c) 12-Day PRE -El Report	ection for the:			Sep 2	2S) in the
July 31 M	on-election) (MY)	(d) 30-Day POST-E Report		General (300		Runoff (30	
(TER)			Election on	M = M /		Y Y Y Y Y	in the State of
5. Covering Period	01	/ D D / 1	2014	through	01_	/ D D / 31	2014
I certify that I have exa Type or Print Name of		Report and to th Eric Slusser	e best of my kno	wledge and I	belief it is true	e, correct and	complete.
Signature of Treasurer	Eric Slus.			[Electronically	y Filed] Da	ate 04	/ D D / Y Y Y Y Y 16 2014
NOTE: Submission of fal	se, erroneou	s, or incomplete	information may s	ubject the pers	son signing thi	is Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3X Rev. 12/2004

04/16/2014 15 : 42

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

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

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

For further information contact:

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

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

X

1	TAILED SUMMARY PAGE of Receipts	Dage 2
FEC Form 3X (Rev. 06/2004) Write or Type Committee Name		Page 3
GENTIVA HEALTH SERVICES INC F	PAC GENTIVAPAC	
Report Covering the Period: From: 01	/ D D / Y Y Y Y 01 2014 To:	01 / Y Y Y Y 01 31 2014
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)	4491.90	4491.90
(ii) Unitemized (iii) TOTAL (add	, 6712.50	6712.50
Lines 11(a)(i) and (ii)▶	11204.40	11204.40
(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)	11204.40	11204.40
12. Transfers From Affiliated/Other	0.00	0.00
Party Committees		
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	0.00	7 7 7 8
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	7 7 7	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))▶	11204.40	11204.40
12, 10, 14, 10, 10, 17, dilu 10(0 <i>)</i> ,₽	11204.40	7 7 7
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	11204.40	11204.40

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	47.93	47.93
(c) Total Operating Expenditures	47.93	47.93
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	47.33	41.3
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	2800.00	2800.00
Independent Expenditures (use Schedule E)	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
 (a) Individuals/Persons Other Than Political Committees 	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c)) ►		0.00
Other Disbursements	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2847.93	2847.9
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2847.93	2847.93

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	11204.40	11204.40
 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
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	47.93	47.93

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

(check only one)

PAGE 6 OF

			Detailed Summary Page		11a 13		11b 14		11c	12	17
	r information copied from such Reports and S or commercial purposes, other than using the				or the		pose			contribu	
1	VAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES			501		10			Suci		
	^F ull Name (Last, First, Middle Initial) Mara Benner				Date of	f Re	eceipt				
_	Mailing Address 3350 Riverwood Pkwy Ste 1400	-			м м 01		3	31		у у 2014	Y
	City Atlanta	State GA	Zip Code 30339	A					A11AI.	10614 is Period	ł
	EC ID number of contributing ederal political committee.	С					7		,		0.00
(Name of Employer Gentiva Health Services Inc.	Occupation Vice Presid	ent Government Affairs	Bi	I-week	ly pa	ayroll	ded	uction -	\$190	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 570.00								
	Full Name (Last, First, Middle Initial) David Causby				Date of	f Re	eceipt				
_	Mailing Address 3350 Riverwood Pkwy Ste 1400				м м 01	/	3	D 31	/ Y	y y 2014	Y
	City Atlanta	State GA	Zip Code 30339						A11AI.1 ceipt th	10627 is Period	d
	FEC ID number of contributing ederal political committee.	С					7		,		0.00
0	Name of Employer Gentiva	Occupation VP - Operat		Bi	-weekl	y pa	ayroll o	dedı	uction -	\$100	
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
	Full Name (Last, First, Middle Initial) Ronald Crossno				Date of	f Re	eceipt				
_	Mailing Address 3350 Riverwood Parkway Suite 1400				м м 01		3	D 31		y y 2014	Y
	City Atlanta	State GA	Zip Code 30339	A					A11AL	10733 is Period	b
	FEC ID number of contributing ederal political committee.	C							,		0.00
	Name of Employer	Occupation		bi	i-week	ly pa	ayroll	ded	uction -	\$70	
_	Gentiva Receipt For:	Dir- Nationa Aggregate	al Medical Year-to-Date ▼								
	Other (specify)		210.00								
su	IBTOTAL of Receipts This Page (optional)						7		- 7	1080	0.00
то	TAL This Period (last page this line number	only)	••••••	•			7	_			

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

(check only one)

PAGE 7 OF

			Detailed Summary Page		11a		11b		11c		12	
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or	for commercial purposes, other than using th	ie name and a	ddress of any political committee	e to so	licit co	ntrib	oution	is fro	m such		nmitte	e.
	NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES											
Α.	Full Name (Last, First, Middle Initial) Shannon Drake				Date of	f Re	eceipt	t				
	Mailing Address 3350 Riverwood Pkwy				M M		· ·	D	/ Y	Y	Y	Y
	Ste 1400	01-2	Zin Oad		01			31			14	
	City Atlanta	State GA	Zip Code 30339						A11AI.			
				_ /	Amount	ιOΤ	∟acr	i Heo	eipt th	is Pe	erioa	
	FEC ID number of contributing federal political committee.	С					7		7	\$70	210.	00
	Name of Employer	Occupation		— В	si-week	ly pa	ayroll	dedu	iction -	\$70		
	Gentiva	VP - Assoc	Gen Counsel									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		210.00									
в.	Full Name (Last, First, Middle Initial) Dave Gieringer				Date of	f Re	eceipt	t				
	Mailing Address 3350 Riverwood Pkwy Ste 1400				м м 01	/		31	/ Y	_20 ⁻	14	Y
	City	State	Zip Code			acti			A11AI.1			
	Atlanta	GA	30339		Amount	t of	Each	n Rec	eipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,		3		225.	00
	Name of Employer	Occupation		— bi	i-weekly	y pa	yroll	dedu	ction - S	\$75		
	Gentiva Health Services Inc.	Vice Preside	ent Acctg / Controller									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 225.00									
С.	Full Name (Last, First, Middle Initial) Dean Johnson	1			Date of	f Re	eceipt	t				
	Mailing Address 3350 Riverwood Pkwy Ste 1400				м м 01	/		D 31	/ Y	ү 20	ү 14	Y
	City	State GA	Zip Code		Trans	act	ion I	D : S	A11AI.	1066	68	
	Atlanta	GA	30339	_	Amount	t of	Each	n Red	eipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С				_	7		7		300.	00
	Name of Employer	Occupation		b	i-weekl	y pa	ayroll	dedu	iction -	\$10	0	
	Gentiva	Division VP	- Sales									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		300.00									
-	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numbe						7	_	7		735.(00

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

(check only one)

PAGE 8 OF

			Detailed Summary Page		11a 13		11b 14	11c			□ 4 7
	y information copied from such Reports and				or the		pose of		g contr	ibuti	
or	for commercial purposes, other than using th	ne name and a	ddress of any political committee	e to sol	icit cor	ntrib	utions fi	rom suc	h com	mitte	e.
\rangle	GENTIVA HEALTH SERVICE	S INC PAC	C GENTIVAPAC								
 A.	Full Name (Last, First, Middle Initial) Russ McDonough				Date of	Re	ceipt				
	Mailing Address 3350 Riverwood Pkwy Ste 1400				м м 01			/ Y	201		Y
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	10678		
	Atlanta	GA	30339	A	mount	of	Each R	eceipt th	nis Per	iod	
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	Name of Employer	Occupation	 	bi	-weekl	y pa	ayroll dea	duction -	\$100		
	Gentiva	Chief Inform	nation Officer								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		300.00								
В.	Full Name (Last, First, Middle Initial) Perry Pruett	<u> </u>	_		Date of	Re	ceipt				
	Mailing Address 3350 Riverwood Pkwy Ste 1400				м м 01	/	31	/ Y	۲ 2014		Y
	City	State	Zip Code		Trans	acti	on ID : S	SA11AI.	10695		
	Atlanta	GA	30339	A	mount	of	Each R	eceipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С					,		1	210.0	00
	Name of Employer Gentiva	Occupation Div VP - Inf	ormation Technology	— bi-	weekly	/ pa	yroll dec	luction -	\$70		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 210.00								
с.	Full Name (Last, First, Middle Initial)	I			Date of	Re	ceipt				
	Mailing Address 3350 Riverwood Pkwy Ste 1400				м м 01	/	31	/ Y	2014		Y
	City Atlanta	State GA	Zip Code 30339	A			ion ID : Each R				
	FEC ID number of contributing federal political committee.	С					5		1	300.0	00
	Name of Employer	Occupation		bi	-weekl	у ра	ayroll de	duction -	\$100		
	Gentiva Health Services Inc.	VP Home H	lealth Operations								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		300.00								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numbe				-		7	7	3	310.0	00

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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

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	r information copied from such Reports and S or commercial purposes, other than using the				for the		pose		oliciting		ntribut	ions
	NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES		C GENTIVAPAC									
	Full Name (Last, First, Middle Initial) Jeff Shaner				Date of	Re	eceip	t				
-	Mailing Address 3350 Riverwood Pkwy Ste 1400	01-1-	7. 0.1		M M 01			D 31	/ Y	20	y)14	Y
	City Atlanta	State GA	Zip Code 30339		Trans Amount				A11AI. ceipt th			
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	Name of Employer	Occupation			i-weekl	y pa	ayrol	l dedu	uction -	\$10	0	
_	Gentiva		of Operations	_								
	Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 300.00									
	- Full Name (Last, First, Middle Initial) Susan P Smith				Date of	Re	eceip	ot				
-	Mailing Address 3350 Riverwood Parkway Suite 1400				м м 01	1	D	31	/ Y	ү 20		Y
	City Atlanta	State GA	Zip Code 30339						A11AI.			
-	FEC ID number of contributing rederal political committee.	C			Amount	. 01	eac		teipt th	IS P	255.	00
	Name of Employer Gentiva Health Services	Occupation VP Clinical	Practice & Research	— b	i-weekly	/ pa	yroll	dedu	iction -	\$85		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00									
	Full Name (Last, First, Middle Initial) Harmon Strange				Date of	Re	eceip	ot				
I	Mailing Address 3350 Riverwood Pkwy Ste 1400				^M 01	/	D	31	/ Y		ү 14	Y
(City Atlanta	State GA	Zip Code 30339		Trans Amount				A11AI.			
	FEC ID number of contributing rederal political committee.	С					5		7		576.	90
I	Name of Employer	Occupation		t	oi-weekl	у ра	ayrol	l dedu	uction -	\$19	2.30	
	Gentiva Health Services Inc.	President 8	CEO									
I	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		576.90									
	JBTOTAL of Receipts This Page (optional)			• -		_	7		7		1131.9	90

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

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PAGE 10 OF

			Detailed Summary Page		11a		11		11c		12	
	y information copied from such Reports and S for commercial purposes, other than using the							se of s				
	NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES						Jun			1.00		
A.	Full Name (Last, First, Middle Initial) Deborah Suit				Date of	f Re	ecei	ipt				
	Mailing Address 3350 Riverwood Pkwy Ste 1400 City	State	Zip Code		м м 01	1	[31	/ Y	20	014 11	Y
	Atlanta FEC ID number of contributing	GA	30339						ceipt th		Period	
	federal political committee.	C		— bi	-weekl	у ра	ayro	oll ded	uction -	\$10	300. 0	00
	Name of Employer Gentiva	Occupation VP - Trainir	ng and Development									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]								
в.	Full Name (Last, First, Middle Initial) Damien Weston				Date of	f Re	ecei	ipt				
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	City Atlanta	State GA	Zip Code 30339						A11AI. ceipt th			
	FEC ID number of contributing federal political committee.	С			_		7		7	_	225.	00
	Name of Employer Gentiva	Occupation AVP - Sales		bi	-weekly	y pa	ayro	oll dedu	uction -	\$75		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]								
с.	Full Name (Last, First, Middle Initial) James Williamson				Date of	f Re	ecei	ipt				
	Mailing Address 3350 Riverwood Parkway Suite 1400				м м 01	/	С	31	/ Y)14	Y
	City Atlanta	State GA	Zip Code 30339						A11AI. ceipt th			
	FEC ID number of contributing federal political committee.	С					7		7	_	210	00
	Name of Employer	Occupation	I	bi	i-weekl	y pa	ayro	oll ded	uction -	\$70	1	
	Gentiva	AVP - Risk	Mgt.									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]								
s	UBTOTAL of Receipts This Page (optional)				÷		3		3	-	735.	00
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S	CHEDULE B (FEC Form 3X)			F	OR	LINE	NU	MBER:	:			PA	GE	11 (OF 11
IT	EMIZED DISBURSEMENTS		category of the			k only		ne)							
			Summary Page			21b 27		22 28a	×	23 28b	\vdash	24 28c	\vdash	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			-											
	GENTIVA HEALTH SERVICES IN	C PAC	GENTIVAPA	AC											
~	Full Name (Last, First, Middle Initial)							Data	(D:						
А.	FRIENDS OF TODD YOUNG, INC							Date o	_	D		ni L		Y	V
	Mailing Address PO BOX 1053							01			5			014	
	City BLOOMINGTON	State IN	Zip Code 47402					Trans	acti	ion ID) : S	B23.1	0603	3	
	Purpose of Disbursement		47402	_		_									
								Amoun	t of	Each	Dis	burse	ment	t this	Period
	Candidate Name			Cate T	egor ype					,		,		1500	0.00
	Office Sought: X House Disburser Senate X President	ment For: Primary Other (sp	General												
	State: IN District: 09														
в.	Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS							Date o	f Dis	sburse	eme	nt			
	Mailing Address PO BOX 1091							м м 01	/	D (D 08			014	Y
	City HOOD RIVER	State OR	Zip Code 97031					Trans	sacti	ion ID) : S	B23.1	0602	2	
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_	State: OR District: 02														
C.	Full Name (Last, First, Middle Initial)							Date o	f Dis			_			
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	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (sp	General ecify) ▼							,		,			
									_	_	_	_	_	_	
s	UBTOTAL of Disbursements This Page (optional)									,		7		2800	0.00
т	OTAL This Period (last page this line number only))						L.		7	_			2800	0.00