

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. 12FE4M5
Gentiva Health Services Inc PAC GentivaPAC

ADDRESS (number and street) 3350 Riverwood Parkway, Suite 1400
Check if different than previously reported. (ACC) Atlanta GA 30339

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00407080
3. IS THIS REPORT NEW OR AMENDED
[X] (N) [] (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Raymond Sierpina

Signature of Treasurer Raymond Sierpina [Electronically Filed] Date 07 / 20 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Gentiva Health Services Inc PAC GentivaPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		96603.60
(b) Cash on Hand at Beginning of Reporting Period.....	96603.60	
(c) Total Receipts (from Line 19)	49145.49	49145.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	145749.09	145749.09
7. Total Disbursements (from Line 31).....	139653.59	139653.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6095.50	6095.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	21370.60	21370.60
(ii) Unitemized	6774.89	6774.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28145.49	28145.49
(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)	28145.49	28145.49
12. Transfers From Affiliated/Other Party Committees.....	21000.00	21000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	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))..... ▶	49145.49	49145.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49145.49	49145.49

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
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	763.59	763.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	763.59	763.59
22. Transfers to Affiliated/Other Party Committees.....	108890.00	108890.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	30000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	139653.59	139653.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	139653.59	139653.59

DETAILED SUMMARY PAGE
of Disbursements

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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)	28145.49	28145.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28145.49	28145.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	763.59	763.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	763.59	763.59

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Gentiva Health Services Inc PAC GentivaPAC

A. Selece Yvonne Beasley
 Full Name (Last, First, Middle Initial)
 Mailing Address 974 Hearthstone Place
 City State Zip Code
 Stone Mountain GA 30083-2506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Gentiva Health Services Inc. Div Chief Compliance Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2290457041716
 Amount of Each Receipt this Period
 240.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Christian E Dejesus
 Full Name (Last, First, Middle Initial)
 Mailing Address 5028 Skylark Court
 City State Zip Code
 Pensacola FL 32505-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Gentiva Health Services Inc. Area Director - Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2290457141716
 Amount of Each Receipt this Period
 240.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Regina D Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Mossy Rock Lane
 City State Zip Code
 Cartersville GA 30120-7474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Gentiva Health Services Inc. AVP - Corp Human Resources
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2290457241716
 Amount of Each Receipt this Period
 240.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	720.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 28
(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. Matthew R Haglund

Mailing Address 537 Mayfair Circle

City State Zip Code
 Orlando FL 32803-6624

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 06 / 30 / 2015
Transaction ID : PR2290457341716

Amount of Each Receipt this Period
 240.00

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

Full Name (Last, First, Middle Initial)
B. Jackie M Hughes

Mailing Address 5236 W Alameda Rd

City State Zip Code
 Glendale AZ 85310-3707

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

Name of Employer Occupation
 Gentiva Health Services Inc. Reg AVP - Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 06 / 30 / 2015
Transaction ID : PR2290457441716

Amount of Each Receipt this Period
 240.00

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

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

Mailing Address 325 Hazelnut Street

City State Zip Code
 Winter Springs FL 32708-4344

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 06 / 30 / 2015
Transaction ID : PR2290457541716

Amount of Each Receipt this Period
 240.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 720.00

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 8 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Gentiva Health Services Inc PAC GentivaPAC

A. Derek G Nordman
Full Name (Last, First, Middle Initial)

Mailing Address 1906 Skybrooke Lane

City Hoschton State GA Zip Code 30548-6284

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

Name of Employer Gentiva Health Services Inc. Occupation VP - Clinical Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290457641716

Amount of Each Receipt this Period 240.00

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

B. Laurie O'hara
Full Name (Last, First, Middle Initial)

Mailing Address 120 cedar trails

City Winston Salem State NC Zip Code 27104-5011

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290457741716

Amount of Each Receipt this Period 240.00

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

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

Mailing Address 701 Brighton Court

City Rolla State MO Zip Code 65401-3982

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

Name of Employer Gentiva Health Services Inc. Occupation Area VP Ops (Comm Care)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290458041716

Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 780.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 28
(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

A. Camille L Bagwell
 Full Name (Last, First, Middle Initial)
 Mailing Address P.o. Box 256
 City Kings Mountain State NC Zip Code 28086-0256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation AVP - Operations (HH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290458141716
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. James T Costain
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 Ridge Reserve Drive
 City Lake Wylie State SC Zip Code 29710-7111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation RVP - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290458341716
 Amount of Each Receipt this Period 275.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. Barbara Cundiff
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 San Marcos Rd.
 City Louisville State KY Zip Code 40299-1407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation AVP - Operations (HH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290458441716
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
	<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. Kim P Eplee
 Full Name (Last, First, Middle Initial)
 Mailing Address 6715 E Union Avenue
 Apt 411
 City Denver State CO Zip Code 80237-3137
 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 **275.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR2290458541716
 Amount of Each Receipt this Period **275.00**
 P/R Deduction (\$25.00 Bi-Weekly)

B. David P Garrity
 Full Name (Last, First, Middle Initial)
 Mailing Address 2534 Sandstone Drive
 City Woodbury State MN Zip Code 55129-6210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Area Director - Sales (Hosp)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR2290458641716
 Amount of Each Receipt this Period **275.00**
 P/R Deduction (\$25.00 Bi-Weekly)

C. Mary P Griffin
 Full Name (Last, First, Middle Initial)
 Mailing Address 12025 Wildwood Springs Drive
 City Roswell State GA Zip Code 30075-1843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Exec Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR2290458741716
 Amount of Each Receipt this Period **300.00**
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 28
(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

A. Rosa Mascardi
 Full Name (Last, First, Middle Initial)
 Mailing Address 1412 Green Edge Trl
 City Wake Forest State NC Zip Code 27587-6121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation AVP - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2290458941716
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. Virgel E Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 5915 Galli Lane
 City Collinsville State IL Zip Code 62234-5836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Area Director - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2290459041716
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. Melissa M Wilbanks
 Full Name (Last, First, Middle Initial)
 Mailing Address 854 Vanessa Drive
 City Trussville State AL Zip Code 35173-3250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation AVP - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2290459141716
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Gentiva Health Services Inc PAC GentivaPAC

A. Tanya L Champion
Full Name (Last, First, Middle Initial)
Mailing Address 332 Sheppard Rd
City Taylor State AL Zip Code 36301-0737
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation VP - Multi-Area Ops (Hosp)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290459241716
Amount of Each Receipt this Period 360.00
P/R Deduction (\$30.00 Bi-Weekly)

B. Connie Dolin
Full Name (Last, First, Middle Initial)
Mailing Address 105 Ashton Woods Ct
City Mt Holly State NC Zip Code 28120-9482
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation RVP - Clinical Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290459341716
Amount of Each Receipt this Period 360.00
P/R Deduction (\$30.00 Bi-Weekly)

C. John B Friedman
Full Name (Last, First, Middle Initial)
Mailing Address 334 McGilvra Blvd East
City Seattle State WA Zip Code 98112-5044
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 ▼ 270.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290459441716
Amount of Each Receipt this Period 270.00
P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 990.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 28
	<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. Leland Pierce
 Full Name (Last, First, Middle Initial)
 Mailing Address 2103 Bloomsbury Rd
 City Greenville State NC Zip Code 27858-8501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Clinical Operations Dir (HH)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR2290459641716
 Amount of Each Receipt this Period **360.00**
 P/R Deduction (\$30.00 Bi-Weekly)

B. Adam Y Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address 7712 Rathlin Ct
 City Charlotte State NC Zip Code 28270-0336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Dir - Clinical Operations (HH)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **420.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR2290459841716
 Amount of Each Receipt this Period **420.00**
 P/R Deduction (\$35.00 Bi-Weekly)

C. Trevor M Sylvestre
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Bontura Drive
 City Senoia State GA Zip Code 30276-1330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation AVP - Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **420.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR2290459941716
 Amount of Each Receipt this Period **420.00**
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Gentiva Health Services Inc PAC GentivaPAC

A. Cassie Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Little El Paso Ranch
 City Martindale State TX Zip Code 78655-4169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Area Dir - Operations (HH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2290460041716
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$37.50 Bi-Weekly)

B. John Aurelio
 Full Name (Last, First, Middle Initial)
 Mailing Address 1104 Wickford Court
 City Keller State TX Zip Code 76248-5740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Region President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2290460141716
 Amount of Each Receipt this Period
 480.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Cathy C Blanchard
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 Lanman Road
 City Niceville State FL Zip Code 32578-3600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation VP - Multi-Area Ops (Hosp)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2290460241716
 Amount of Each Receipt this Period
 246.00
 P/R Deduction (\$1.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1026.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 28
(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

A. Raymond D. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 4550 N. Braeswood Blvd
 Apt 451
 City Houston State TX Zip Code 77096-2949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation RVP - Clinical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290460341716
 Amount of Each Receipt this Period 480.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Mary Elkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 19401 Castlewood Circle
 City Huntington Beach State CA Zip Code 92648-5534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation VP - Sales Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290460441716
 Amount of Each Receipt this Period 480.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Rebecca W Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address 3048 Steel Creek Rd
 City Georgetown State MS Zip Code 39078-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation VP - Multi-Area Operations(HH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290460541716
 Amount of Each Receipt this Period 480.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1440.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 28
(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

A. Paula Shoemaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 2950 Mt Wilkinson Parkway
 #815
 City Atlanta State GA Zip Code 30339-3662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation VP - Sales Support & Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2290460741716
 Amount of Each Receipt this Period
 480.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Timothy E Swann
 Full Name (Last, First, Middle Initial)
 Mailing Address 11601 Locust View Court
 City Jeffersontown State KY Zip Code 40299-5883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation AVP - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2290460841716
 Amount of Each Receipt this Period
 480.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. George Ledbetter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1620 ELDER HILL RD
 City DRIFTWOOD State TX Zip Code 78619-9104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation AVP - Managed Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2290460941716
 Amount of Each Receipt this Period
 600.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 1560.00
TOTAL This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 17 OF 28
(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. David A Eubanks

Mailing Address 4215 N. Francisco Avenue
 Unit #3

City Chicago State IL Zip Code 60618-2609

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2015
Transaction ID : PR2290461241716

Amount of Each Receipt this Period
 600.00

P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 644 Lewis Mill Lake Road

City Vienna State GA Zip Code 31092-4404

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2015
Transaction ID : PR2290461341716

Amount of Each Receipt this Period
 600.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Deanna Faye Lewis

Mailing Address 1645 BENBOW RD

City INEZ State TX Zip Code 77968-3314

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2015
Transaction ID : PR2290461441716

Amount of Each Receipt this Period
 600.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Gentiva Health Services Inc PAC GentivaPAC

A. Paul Stein
Full Name (Last, First, Middle Initial)
Mailing Address 16198 Canterbury Road
City State Zip Code
Stilwell KS 66085-7838
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Gentiva Health Services Inc. VP - Information Systems
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015
Transaction ID : PR2290461741716
Amount of Each Receipt this Period
550.00
P/R Deduction (\$50.00 Bi-Weekly)

B. Gena M Wagner
Full Name (Last, First, Middle Initial)
Mailing Address 8125 Edenbrook Dr
City State Zip Code
Dardenne Prairie MO 63368-6797
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Gentiva Health Services Inc. AVP - Operations (HH)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015
Transaction ID : PR2290461841716
Amount of Each Receipt this Period
250.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Teresa V Wiles
Full Name (Last, First, Middle Initial)
Mailing Address 3016 Hipp Road
City State Zip Code
Iron Station NC 28080-9493
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Gentiva Health Services Inc. Dir - Rehab Specialties
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015
Transaction ID : PR2290462041716
Amount of Each Receipt this Period
600.00
P/R Deduction (\$50.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 28
<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

A. Christopher R Macinnis
 Full Name (Last, First, Middle Initial)
 Mailing Address 4633 Murphy Mill Ct
 City Marietta State GA Zip Code 30062-8169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation VP - National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290462141716
 Amount of Each Receipt this Period 720.00
 P/R Deduction (\$60.00 Bi-Weekly)

B. Ronald J Crossno
 Full Name (Last, First, Middle Initial)
 Mailing Address 1904 Sager Rd
 City Rockdale State TX Zip Code 76567-2058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation Dir - National Medical (Hosp)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290462241716
 Amount of Each Receipt this Period 840.00
 P/R Deduction (\$70.00 Bi-Weekly)

C. Shannon L Drake
 Full Name (Last, First, Middle Initial)
 Mailing Address 3193 Wicks Creek Trail
 City Marietta State GA Zip Code 30062-4838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gentiva Health Services Inc. Occupation VP - Associate Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290462341716
 Amount of Each Receipt this Period 840.00
 P/R Deduction (\$70.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	2400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Gentiva Health Services Inc PAC GentivaPAC

A. James Wayne Douglas
Full Name (Last, First, Middle Initial)
Mailing Address 4701 CIRCLE OAK CV
City AUSTIN State TX Zip Code 78749-2302
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290462441716
Amount of Each Receipt this Period 900.00
P/R Deduction (\$75.00 Bi-Weekly)

B. Damien C Weston
Full Name (Last, First, Middle Initial)
Mailing Address 3350 Riverwood Pkwy Suite 1400
City Atlanta State GA Zip Code 30339-3314
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation VP - Multi-Area Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290462541716
Amount of Each Receipt this Period 225.00
P/R Deduction (\$75.00 Bi-Weekly)

C. David A Causby
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Heatherwood Way
City Roswell State GA Zip Code 30075-2284
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation EVP & Chief Operating Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2290462641716
Amount of Each Receipt this Period 1200.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 28
	<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

Full Name (Last, First, Middle Initial)
A. Russ R Mcdonough

Mailing Address 2343 Tayside XING NW

City Kennesaw	State GA	Zip Code 30152-6752
------------------	-------------	------------------------

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

Name of Employer Gentiva Health Services Inc.	Occupation Chief Information Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : PR2290462741716

Amount of Each Receipt this Period
400.00

P/R Deduction (\$100.00 Bi-Weekly)

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

Mailing Address 8186 Enclave Road

City Woodbury	State MN	Zip Code 55125-3032
------------------	-------------	------------------------

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

Name of Employer Gentiva Health Services Inc.	Occupation Region President
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : PR2290462841716

Amount of Each Receipt this Period
1200.00

P/R Deduction (\$100.00 Bi-Weekly)

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

Mailing Address 6118 Harleston Road

City Sandy Springs	State GA	Zip Code 30328-4108
-----------------------	-------------	------------------------

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

Name of Employer Gentiva Health Services Inc.	Occupation SVP
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : PR2290462941716

Amount of Each Receipt this Period
400.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 22 OF 28
(check only one)

<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

A. Harmon A Strange
Full Name (Last, First, Middle Initial)
Mailing Address 3350 Riverwood Pkwy
Suite 1400
City Atlanta State GA Zip Code 30339-3314
FEC ID number of contributing federal political committee. **C**
Name of Employer Gentiva Health Services Inc. Occupation CEO & President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015
Transaction ID : PR2290463041716
Amount of Each Receipt this Period
384.60
P/R Deduction (\$192.30 Bi-Weekly)

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	384.60
TOTAL This Period (last page this line number only).....▶	21370.60

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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

A. Full Name (Last, First, Middle Initial)
Kindred Healthcare, Inc. PAC

Mailing Address **680 S. Fourth Street**

City **Louisville** State **KY** Zip Code **40202**

FEC ID number of contributing federal political committee. **C C00242271**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21000.00

Date of Receipt
03 / 23 / 2015
Transaction ID : 65141370

Amount of Each Receipt this Period
21000.00

Transfer from affiliated committee

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

Mailing Address

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	21000.00
TOTAL This Period (last page this line number only).....▶	21000.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Gentiva Health Services Inc PAC GentivaPAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 15284

City State Zip Code
Wilmington DE 19850

Purpose of Disbursement
Bank service fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 65564034

Amount of Each Disbursement this Period

Bank service fee

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 15284

City State Zip Code
Wilmington DE 19850

Purpose of Disbursement
Bank service fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 66047487

Amount of Each Disbursement this Period

Bank service fee

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 15284

City State Zip Code
Wilmington DE 19850

Purpose of Disbursement
Bank service fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 66707658

Amount of Each Disbursement this Period

Bank service fee

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Gentiva Health Services Inc PAC GentivaPAC

Full Name (Last, First, Middle Initial)

A. Kindred Healthcare, Inc. PAC

Mailing Address 680 S. Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Transfer to Affiliated Committee

008

Candidate Name

Kindred Healthcare, Inc. PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 64748178

Amount of Each Disbursement this Period

2660.00

Transfer to Affiliated Committee

Full Name (Last, First, Middle Initial)

B. Kindred Healthcare, Inc. PAC

Mailing Address 680 S. Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Transfer to Affiliated Committee

008

Candidate Name

Kindred Healthcare, Inc. PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : 65141369

Amount of Each Disbursement this Period

96000.00

Transfer to Affiliated Committee

Full Name (Last, First, Middle Initial)

C. Kindred Healthcare, Inc. PAC

Mailing Address 680 S. Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Transfer to Affiliated Committee

008

Candidate Name

Kindred Healthcare, Inc. PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : 65143351

Amount of Each Disbursement this Period

2230.00

Transfer to Affiliated Committee

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

100890.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Gentiva Health Services Inc PAC GentivaPAC

Full Name (Last, First, Middle Initial)

A. Kindred Healthcare, Inc. PAC

Mailing Address 680 S. Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Transfer to Affiliated Committee

008

Candidate Name

Kindred Healthcare, Inc. PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : 66047568

Amount of Each Disbursement this Period

8000.00

Transfer to Affiliated Committee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

8000.00

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

108890.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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. Mckinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. David McKinley

Office Sought: House
 Senate
 President
State: WV District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 65141363

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Mckinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. David McKinley

Office Sought: House
 Senate
 President
State: WV District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 65141364

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. David Price

Office Sought: House
 Senate
 President
State: NC District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 65141365

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input 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. Price For Congress

Mailing Address P.O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement Contribution

011

Candidate Name

Rep. David Price

Category/Type

Office Sought: House Senate President
State: NC District: 04

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : 65141366

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Greg Walden

Category/Type

Office Sought: House Senate President
State: OR District: 02

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : 65141367

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Greg Walden

Category/Type

Office Sought: House Senate President
State: OR District: 02

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : 65141368

Amount of Each Disbursement this Period

5000.00

Contribution

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

15000.00

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

30000.00