

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

ADDRESS (number and street)   
SUITE 1400  
 Check if different than previously reported. (ACC) ATLANTA GA 30339

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  in the State of   
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  01 / 01 / 2011 through  06 / 30 / 2011

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

Type or Print Name of Treasurer Eric Slusser

Signature of Treasurer *Eric Slusser* [Electronically Filed] Date  10 / 06 / 2011

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="68804.95"/>	<input type="text" value="68804.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="68804.95"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="52303.85"/>	<input type="text" value="52303.85"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="121108.80"/>	<input type="text" value="121108.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="60284.23"/>	<input type="text" value="60284.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="60824.57"/>	<input type="text" value="60824.57"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	46678.85	46678.85
(ii) Unitemized .....	5625.00	5625.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	52303.85	52303.85
(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) .....	52303.85	52303.85
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	52303.85	52303.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	52303.85	52303.85

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	284.23	284.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	284.23	284.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	60000.00
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)) ..	60284.23	60284.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60284.23	60284.23

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	52303.85	52303.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52303.85	52303.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	284.23	284.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	284.23	284.23

**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 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Scott Allen**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Area Director Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7606**

Amount of Each Receipt this Period  
325.00

Bi-weekly payroll deduction \$25

Full Name (Last, First, Middle Initial)  
**B. John Aurelio**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services Inc. Occupation Regional VP Nursing Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7607**

Amount of Each Receipt this Period  
520.00

Bi-weekly payroll deduction \$40

Full Name (Last, First, Middle Initial)  
**C. Camille Bagwell**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7609**

Amount of Each Receipt this Period  
325.00

Bi-weekly payroll deduction \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1170.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Barr</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.7610</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 400.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C	Name of Employer Gentiva	Occupation AVP - Sales
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		Bi-weekly payroll deduction \$25

Full Name (Last, First, Middle Initial) <b>B. Selece Beasley</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.7611</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 260.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C	Name of Employer Gentiva	Occupation Director Compliance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
		Bi-weekly payroll deduction \$20

Full Name (Last, First, Middle Initial) <b>C. Mara Benner</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.7612</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 1950.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C	Name of Employer Gentiva Health Services Inc.	Occupation Vice President Government Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	
		Bi-weekly payroll deduction \$150

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2610.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Susan Benoit</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.7613</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 390.00
City Atlanta State GA Zip Code 30339	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$30
Name of Employer Gentiva Occupation RVP - Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00

Full Name (Last, First, Middle Initial) <b>B. Judy Bernath</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.7614</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 260.00
City Atlanta State GA Zip Code 30339	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$20
Name of Employer Gentiva Health Services Inc. Occupation Area Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00

Full Name (Last, First, Middle Initial) <b>C. Cathy Blanchard</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.7616</b>
Mailing Address 3 Huntington Quadrangle Suite 200S		Amount of Each Receipt this Period 520.00
City Melville State NY Zip Code 11747	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$40
Name of Employer Gentiva Health Services Inc. Occupation Area Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 49  
(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. Terri Blevins**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation VP - Clinical Ops

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 06 / 30 / 2011  
**Transaction ID : SA11Al.7617**

Amount of Each Receipt this Period  
 390.00

Bi-weekly payroll deduction \$30

Full Name (Last, First, Middle Initial)  
**B. Shane Brinkerhoff**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 06 / 30 / 2011  
**Transaction ID : SA11Al.7618**

Amount of Each Receipt this Period  
 325.00

Bi-weekly payroll deduction \$25

Full Name (Last, First, Middle Initial)  
**C. Stacy Bromell**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 06 / 30 / 2011  
**Transaction ID : SA11Al.7619**

Amount of Each Receipt this Period  
 325.00

Bi-weekly payroll deduction \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1040.00

**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 10 OF 49  
(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. Adam Brooks**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Director - Regional Rehab

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 455.00

Date of Receipt  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7620**

Amount of Each Receipt this Period  
 455.00

Bi-weekly payroll deduction \$35

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

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7621**

Amount of Each Receipt this Period  
 520.00

Bi-weekly payroll deduction \$40

Full Name (Last, First, Middle Initial)  
**c. John Camperlengo**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 33039

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

Name of Employer Gentiva Health Services, Inc. Occupation SVP, CCO & Deputy General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7623**

Amount of Each Receipt this Period  
 325.00

Bi-weekly payroll deduction \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

**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 11 OF 49
	<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**

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

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation VP - Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7626**

Amount of Each Receipt this Period  
1300.00

Bi-weekly payroll deduction \$100

Full Name (Last, First, Middle Initial)  
**B. James Costain**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7629**

Amount of Each Receipt this Period  
325.00

Bi-weekly payroll deduction \$25

Full Name (Last, First, Middle Initial)  
**c. Michael Craig**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7630**

Amount of Each Receipt this Period  
325.00

Bi-weekly payroll deduction \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1950.00

**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 12 OF 49
<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. Barbara Cundiff**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services Inc. Occupation Area Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2011**

**Transaction ID : SA11AI.7631**

Amount of Each Receipt this Period **325.00**

Bi-weekly payroll deduction \$25

**B. Patrick Cunningham**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Reg Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2011**

**Transaction ID : SA11AI.7632**

Amount of Each Receipt this Period **260.00**

Bi-weekly payroll deduction \$20

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

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation VP - Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt **06 / 30 / 2011**

**Transaction ID : SA11AI.7633**

Amount of Each Receipt this Period **494.00**

Bi-weekly payroll deduction \$38

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1079.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John Destefanis</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.7636</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 300.00
City Atlanta State GA Zip Code 30339	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction
Name of Employer Gentiva Occupation RVP - Hospice	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) <b>B. Catherine Deveer</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.7637</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 325.00
City Atlanta State GA Zip Code 30339	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$25
Name of Employer Gentiva Occupation AVP - Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00

Full Name (Last, First, Middle Initial) <b>C. Indy Edwards</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.7638</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 910.00
City Atlanta State GA Zip Code 30339	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$70
Name of Employer Gentiva Occupation AVP - Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
	<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. Mary Elkin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales Support

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7639**

Amount of Each Receipt this Period  
**520.00**

Bi-weekly payroll deduction \$40

**B. Andrew Franklin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7642**

Amount of Each Receipt this Period  
**325.00**

Bi-weekly payroll deduction \$25

**C. Yanick Gay-Ostine**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Dir - Clinical Ops & Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7643**

Amount of Each Receipt this Period  
**260.00**

Bi-weekly payroll deduction \$20

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1105.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt **06 / 30 / 2011**

**Transaction ID : SA11AI.7644**

Amount of Each Receipt this Period **975.00**

Bi-weekly payroll deduction \$75

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

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2011**

**Transaction ID : SA11AI.7646**

Amount of Each Receipt this Period **260.00**

Bi-weekly payroll deduction \$20

Full Name (Last, First, Middle Initial)  
**C. Michael Grieco**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **06 / 30 / 2011**

**Transaction ID : SA11AI.7647**

Amount of Each Receipt this Period **520.00**

Bi-weekly payroll deduction \$40

**SUBTOTAL** of Receipts This Page (optional)..... **1755.00**

**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 49  
(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. Nancy Guerland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3350 Riverwood Pkwy Ste 1400  
 City Atlanta State GA Zip Code 30339  
 Date of Receipt 06 / 30 / 2011  
**Transaction ID : SA11AI.7648**  
 Amount of Each Receipt this Period 520.00  
 Bi-weekly payroll deduction \$40  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Gentiva Occupation AVP - Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

**B. Mary Hahn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3350 Riverwood Pkwy Ste 1400  
 City Atlanta State GA Zip Code 30339  
 Date of Receipt 06 / 30 / 2011  
**Transaction ID : SA11AI.7650**  
 Amount of Each Receipt this Period 260.00  
 Bi-weekly payroll deduction \$20  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Gentiva Occupation Regional Director - Clinical Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

**C. John Hamilton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3350 Riverwood Pkwy Ste 1400  
 City Atlanta State GA Zip Code 30339  
 Date of Receipt 06 / 30 / 2011  
**Transaction ID : SA11AI.7653**  
 Amount of Each Receipt this Period 650.00  
 Bi-weekly payroll deduction \$50  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Gentiva Occupation VP - Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1430.00  
**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 49  
(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. Teresa Harrell**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Regional Director - HR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7654**

Amount of Each Receipt this Period  
390.00

Bi-weekly payroll deduction \$30

Full Name (Last, First, Middle Initial)  
**B. Jane Heideman**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7657**

Amount of Each Receipt this Period  
585.00

Bi-weekly payroll deduction \$45

Full Name (Last, First, Middle Initial)  
**C. Timothy Hock**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Operations

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 / 2011  
**Transaction ID : SA11AI.7659**

Amount of Each Receipt this Period  
550.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1525.00

**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 18 OF 49  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ann Hodges**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation HR Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7660**

Amount of Each Receipt this Period  
390.00

Bi-weekly payroll deduction \$30

Full Name (Last, First, Middle Initial)  
**B. Pamela Hopewell**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7661**

Amount of Each Receipt this Period  
260.00

Bi-weekly payroll deduction \$20

Full Name (Last, First, Middle Initial)  
**C. Monica Hullinger**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services, Inc. Occupation VP - Home Health Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7662**

Amount of Each Receipt this Period  
520.00

Bi-weekly payroll deduction \$40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1170.00

**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 19 OF 49  
(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. Mark Hunt**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation RVP - Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7663**

Amount of Each Receipt this Period  
520.00

Bi-weekly payroll deduction \$40

Full Name (Last, First, Middle Initial)  
**B. Jorie Jacobs**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7664**

Amount of Each Receipt this Period  
650.00

Bi-weekly payroll deduction \$50

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

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Division VP - Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7668**

Amount of Each Receipt this Period  
650.00

Bi-weekly payroll deduction \$50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1820.00

**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 49  
(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. John Karr**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation VP - Compensation & Benefits

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2011**

**Transaction ID : SA11AI.7672**

Amount of Each Receipt this Period  
**650.00**

Bi-weekly payroll deduction \$50

Full Name (Last, First, Middle Initial)  
**B. Debbie Ann Kearns**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2011**

**Transaction ID : SA11AI.7673**

Amount of Each Receipt this Period  
**390.00**

Bi-weekly payroll deduction \$30

Full Name (Last, First, Middle Initial)  
**C. Jennifer Kisluk**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Finance Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2011**

**Transaction ID : SA11AI.7676**

Amount of Each Receipt this Period  
**325.00**

Bi-weekly payroll deduction \$25

**SUBTOTAL** of Receipts This Page (optional)..... ► **1365.00**

**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 49
	<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**

Full Name (Last, First, Middle Initial) <b>A. Rebecca Knight</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		<b>Transaction ID : SA11Al.7677</b>
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 520.00
Name of Employer Gentiva	Occupation AVP - Operations	Bi-weekly payroll deduction \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Koch</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		<b>Transaction ID : SA11Al.7678</b>
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 325.00
Name of Employer Gentiva	Occupation AVP - Operations	Bi-weekly payroll deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. JoAnne Little</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		<b>Transaction ID : SA11Al.7681</b>
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 390.00
Name of Employer Gentiva Health Services Inc.	Occupation Asst General Counsel	Bi-weekly payroll deduction \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1235.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 49
	(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**

Full Name (Last, First, Middle Initial) <b>A. Robert Little</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		<b>Transaction ID : SA11Al.7682</b>
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 520.00
Name of Employer Gentiva	Occupation RVP - Sales	Bi-weekly payroll deduction \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Macinnis</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		<b>Transaction ID : SA11Al.7683</b>
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 780.00
Name of Employer Gentiva	Occupation RVP - Operations	Bi-weekly payroll deduction \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>C. Lawrence Marion</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		<b>Transaction ID : SA11Al.7684</b>
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 325.00
Name of Employer Gentiva	Occupation Area Director Sales	Bi-weekly payroll deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 49
<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. Kevin Marrazzo**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services Inc. Occupation Assistant Vice President Legal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **06 / 30 / 2011**

**Transaction ID : SA11AI.7685**

Amount of Each Receipt this Period **700.00**

**B. Rosa Mascardi**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2011**

**Transaction ID : SA11AI.7687**

Amount of Each Receipt this Period **260.00**

Bi-weekly payroll deduction \$20

**C. Robert Maynard**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 30 / 2011**

**Transaction ID : SA11AI.7688**

Amount of Each Receipt this Period **650.00**

Bi-weekly payroll deduction \$50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1610.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 49  
(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. Michelle Mazzonetto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3350 Riverwood Pkwy  
 Ste 1400  
 City Atlanta State GA Zip Code 30339  
 Date of Receipt 06 / 30 / 2011  
**Transaction ID : SA11AI.7689**  
 Amount of Each Receipt this Period 260.00  
 Bi-weekly payroll deduction \$20  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Gentiva Occupation AVP - Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 260.00

**B. Janet Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3350 Riverwood Pkwy  
 Ste 1400  
 City Atlanta State GA Zip Code 30339  
 Date of Receipt 06 / 30 / 2011  
**Transaction ID : SA11AI.7694**  
 Amount of Each Receipt this Period 260.00  
 Bi-weekly payroll deduction \$20  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Gentiva Health Services, Inc. Occupation AVP - Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 260.00

**C. Barbara Moyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3350 Riverwood Pkwy  
 Ste 1400  
 City Atlanta State GA Zip Code 30339  
 Date of Receipt 06 / 30 / 2011  
**Transaction ID : SA11AI.7696**  
 Amount of Each Receipt this Period 650.00  
 Bi-weekly payroll deduction \$50  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Gentiva Occupation AVP - Sales  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 650.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1170.00  
**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 25 OF 49
	<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**

Full Name (Last, First, Middle Initial) <b>A. Constance Mrosek</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.7697</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 650.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C	Name of Employer Gentiva	Occupation AVP - Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
		Bi-weekly payroll deduction \$50

Full Name (Last, First, Middle Initial) <b>B. Mary Muchow</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.7698</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 390.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C	Name of Employer Gentiva Health Services Inc.	Occupation Director Field Audit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
		Bi-weekly payroll deduction \$30

Full Name (Last, First, Middle Initial) <b>C. Deana Murphy</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.7699</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 325.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C	Name of Employer Gentiva Health Services Inc.	Occupation Branch Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
		Bi-weekly payroll deduction \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 49  
(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. Karen Negri**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011

**Transaction ID : SA11AI.7701**

Amount of Each Receipt this Period  
325.00

Bi-weekly payroll deduction \$25

Full Name (Last, First, Middle Initial)  
**B. Derek Nordman**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Dir - Regional Rehab

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011

**Transaction ID : SA11AI.7704**

Amount of Each Receipt this Period  
260.00

Bi-weekly payroll deduction \$20

Full Name (Last, First, Middle Initial)  
**C. Laurie O'Hara**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011

**Transaction ID : SA11AI.7707**

Amount of Each Receipt this Period  
260.00

Bi-weekly payroll deduction \$20

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 845.00

**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 27 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Stephen Paige</b>		Date of Receipt 06 / 30 / 2011 <b>Transaction ID : SA11AI.7708</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 250.00
City Atlanta	State GA	
Zip Code 30339		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President/General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Charlotte Parker</b>		Date of Receipt 06 / 30 / 2011 <b>Transaction ID : SA11AI.7709</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 260.00
City Atlanta	State GA	
Zip Code 30339		Bi-weekly payroll deduction \$20
FEC ID number of contributing federal political committee. C		
Name of Employer Gentiva	Occupation AVP - Hospice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C. Benjamin Peirce</b>		Date of Receipt 06 / 30 / 2011 <b>Transaction ID : SA11AI.7710</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 520.00
City Atlanta	State GA	
Zip Code 30339		Bi-weekly payroll deduction \$40
FEC ID number of contributing federal political committee. C		
Name of Employer Gentiva Health Services Inc.	Occupation Manager Wound Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1030.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 49  
(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. Patricia Phillips**  
 Mailing Address 3350 Riverwood Pkwy  
 Ste 1400  
 City Atlanta State GA Zip Code 30339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gentiva Occupation AVP - Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7711**  
 Amount of Each Receipt this Period 520.00  
 Bi-weekly payroll deduction \$40

Full Name (Last, First, Middle Initial)  
**B. Samuel Proctor**  
 Mailing Address 3350 Riverwood Pkwy  
 Ste 1400  
 City Atlanta State GA Zip Code 30339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gentiva Occupation AVP - Benefits & HR Svc Ctr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7714**  
 Amount of Each Receipt this Period 520.00  
 Bi-weekly payroll deduction \$40

Full Name (Last, First, Middle Initial)  
**C. Robert Radics**  
 Mailing Address 3350 Riverwood Pkwy  
 Ste 1400  
 City Atlanta State GA Zip Code 30339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gentiva Occupation AVP - Business Initiatives  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.7716**  
 Amount of Each Receipt this Period 260.00  
 Bi-weekly payroll deduction \$20

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**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 29 OF 49  
(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. Bruce Reardon**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation HR Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11Al.7718**

Amount of Each Receipt this Period  
260.00

Bi-weekly payroll deduction \$20

**B. Cecille Riggs**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Director Regional Rehab

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11Al.7719**

Amount of Each Receipt this Period  
390.00

Bi-weekly payroll deduction \$30

**C. Mary Jo Rinkewich**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.05

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11Al.7720**

Amount of Each Receipt this Period  
375.05

Bi-weekly payroll deduction \$28.85

**SUBTOTAL** of Receipts This Page (optional).....▶ 1025.05

**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 30 OF 49  
(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. Todd Sexe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3350 Riverwood Pkwy Ste 1400  
City Atlanta State GA Zip Code 30339  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gentiva Health Services Inc. Occupation VP Home Health Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00  
Date of Receipt 06 / 30 / 2011  
Transaction ID : SA11AI.7724  
Amount of Each Receipt this Period 520.00  
Bi-weekly payroll deduction \$40

**B. Kathleen Shanahan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3350 Riverwood Pkwy Ste 1400  
City Atlanta State GA Zip Code 30339  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gentiva Occupation VP - Human Resources  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00  
Date of Receipt 06 / 30 / 2011  
Transaction ID : SA11AI.7725  
Amount of Each Receipt this Period 325.00  
Bi-weekly payroll deduction \$25

**C. Jeff Shaner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3350 Riverwood Pkwy Ste 1400  
City Atlanta State GA Zip Code 30339  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gentiva Occupation Division VP of Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1950.00  
Date of Receipt 06 / 30 / 2011  
Transaction ID : SA11AI.7726  
Amount of Each Receipt this Period 1950.00  
Bi-weekly payroll deduction \$150

**SUBTOTAL** of Receipts This Page (optional).....▶ 2795.00  
**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 31 OF 49
(check only one)
[X] 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 3350 Riverwood Pkwy Ste 1400
City Atlanta State GA Zip Code 30339
FEC ID number of contributing federal political committee. C
Name of Employer Gentiva Occupation VP - Sales Support & Marketing
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID : SA11AI.7728
Amount of Each Receipt this Period 520.00
Bi-weekly payroll deduction \$40

B. Eric Slusser
Full Name (Last, First, Middle Initial)
Mailing Address 3350 Riverwood Pkwy Ste 1400
City Atlanta State GA Zip Code 30339
FEC ID number of contributing federal political committee. C
Name of Employer Gentiva Occupation Treasurer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1300.00

Date of Receipt 06 / 30 / 2011
Transaction ID : SA11AI.7731
Amount of Each Receipt this Period 1300.00
Bi-weekly payroll deduction \$100

C. Joey Spearman
Full Name (Last, First, Middle Initial)
Mailing Address 3350 Riverwood Pkwy Ste 1400
City Atlanta State GA Zip Code 30339
FEC ID number of contributing federal political committee. C
Name of Employer Gentiva Occupation AVP - Sales
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID : SA11AI.7732
Amount of Each Receipt this Period 520.00
Bi-weekly payroll deduction \$40

SUBTOTAL of Receipts This Page (optional)..... 2340.00
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 32 OF 49  
(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**

Full Name (Last, First, Middle Initial)  
**A. Frederick Spight**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Purchasing & Supply Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7733**

Amount of Each Receipt this Period  
585.00

Bi-weekly payroll deduction \$45

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

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation VP - IS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7734**

Amount of Each Receipt this Period  
650.00

Bi-weekly payroll deduction \$50

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

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.80

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7736**

Amount of Each Receipt this Period  
384.80

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1619.80

**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 33 OF 49
<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. Timothy Swann**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Area Director Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7738**

Amount of Each Receipt this Period  
520.00

Bi-weekly payroll deduction \$40

**B. Trevor Sylvestre**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Director - Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7739**

Amount of Each Receipt this Period  
455.00

Bi-weekly payroll deduction \$35

**C. Gordon Thoennes**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation RVP - Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7741**

Amount of Each Receipt this Period  
520.00

Bi-weekly payroll deduction \$40

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1495.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 49
	<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. Gena Wagner**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services, Inc. Occupation AVP - Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7745**

Amount of Each Receipt this Period  
650.00

Bi-weekly payroll deduction \$50

**B. Charlotte Weaver**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services, Inc. Occupation Chief Clinical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7746**

Amount of Each Receipt this Period  
1300.00

Bi-weekly payroll deduction \$100

**C. Damien Weston**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7747**

Amount of Each Receipt this Period  
325.00

Bi-weekly payroll deduction \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2275.00

**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 35 OF 49
	<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. Cheryl White**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Area Director Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7748**

Amount of Each Receipt this Period  
650.00

Bi-weekly payroll deduction \$50

**B. Melissa Wilbanks**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7749**

Amount of Each Receipt this Period  
325.00

Bi-weekly payroll deduction \$25

**C. Douglas Wray**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7751**

Amount of Each Receipt this Period  
650.00

Bi-weekly payroll deduction \$50

**SUBTOTAL** of Receipts This Page (optional).....▶ 1625.00

**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 36 OF 49  
(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**

Full Name (Last, First, Middle Initial)  
**A. Michael Young**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.7753**

Amount of Each Receipt this Period  
1300.00

Bi-weekly payroll deduction \$100

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

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	46678.85

**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. GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2011

Mailing Address 3350 RIVERWOOD PKWY  
SUITE 1400

City ATLANTA State GA Zip Code 30339

**Transaction ID : SB21B.7599**

Purpose of Disbursement  
Bank fees

Category/ Type

Amount of Each Disbursement this Period

284.23
--------

Candidate Name

**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

284.23
--------

284.23
--------

**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. MAX BAUCUS**

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement

003

Candidate Name

**MAX BAUCUS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2011

**Transaction ID : SB23.7576**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DAVID LEE CAMP**

Mailing Address 5905 Wimbledon Ct.

City Midland State MI Zip Code 48642

Purpose of Disbursement

003

Candidate Name

**DAVID LEE CAMP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2011

**Transaction ID : SB23.7563**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DAVID LEE CAMP**

Mailing Address 5905 Wimbledon Ct.

City Midland State MI Zip Code 48642

Purpose of Disbursement

003

Candidate Name

**DAVID LEE CAMP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2011

**Transaction ID : SB23.7574**

Amount of Each Disbursement this Period

1000.00

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

3000.00

**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 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. DAVID LEE CAMP**

Mailing Address 5905 Wimbledon Ct.

City Midland State MI Zip Code 48642

Purpose of Disbursement

003

Candidate Name

**DAVID LEE CAMP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2011

**Transaction ID : SB23.7587**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. DAVID LEE CAMP**

Mailing Address 5905 Wimbledon Ct.

City Midland State MI Zip Code 48642

Purpose of Disbursement

003

Candidate Name

**DAVID LEE CAMP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2011

**Transaction ID : SB23.7588**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. DAVID LEE CAMP**

Mailing Address 5905 Wimbledon Ct.

City Midland State MI Zip Code 48642

Purpose of Disbursement

003

Candidate Name

**DAVID LEE CAMP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID : SB23.7595**

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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 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) <b>A. ERIC CANTOR</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2011
Mailing Address 6004 OXBURY CT.		<b>Transaction ID : SB23.7581</b>
City GLEN ALLEN	State VA	
Purpose of Disbursement	Category/Type 003	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>ERIC CANTOR</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA	District: 07	

Full Name (Last, First, Middle Initial) <b>B. LOIS G CAPPS</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2011
Mailing Address 1724 SANTA BARBARA STREET		<b>Transaction ID : SB23.7596</b>
City SANTA BARBARA	State CA	
Purpose of Disbursement	Category/Type 003	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>LOIS G CAPPS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 23	

Full Name (Last, First, Middle Initial) <b>C. THOMAS R CARPER</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2011
Mailing Address 600 WEST MATSON RUN PARKWAY		<b>Transaction ID : SB23.7585</b>
City WILMINGTON	State DE	
Purpose of Disbursement	Category/Type 003	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>THOMAS R CARPER</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: DE	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8000.00
<b>TOTAL</b> 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. A.B. III CHANDLER**

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40583

Purpose of Disbursement

003

Candidate Name

**A.B. III CHANDLER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2011

**Transaction ID : SB23.7583**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. SUSAN M COLLINS**

Mailing Address 175 CLYDE ROAD

City BANGOR State ME Zip Code 04401

Purpose of Disbursement

003

Candidate Name

**SUSAN M COLLINS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2011

**Transaction ID : SB23.7572**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ROBERT P JR CORKER**

Mailing Address 832 GEORGIA AVE STE 221

City CHATTANOOGA State TN Zip Code 37402

Purpose of Disbursement

003

Candidate Name

**ROBERT P JR CORKER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 06 / 2011

**Transaction ID : SB23.7589**

Amount of Each Disbursement this Period

1000.00

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

3000.00

**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 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. J. PHILLIP GINGREY**

Mailing Address 632 N. St. Marys Lane

City Marietta State GA Zip Code 30064

Purpose of Disbursement

003

Candidate Name

**J. PHILLIP GINGREY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	1

Transaction ID : **SB23.7554**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. J. PHILLIP GINGREY**

Mailing Address 632 N. St. Marys Lane

City Marietta State GA Zip Code 30064

Purpose of Disbursement

003

Candidate Name

**J. PHILLIP GINGREY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	1

Transaction ID : **SB23.7580**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. H MORGAN GRIFFITH**

Mailing Address PO BOX 361

City CHRISTIANSBURG State VA Zip Code 24068

Purpose of Disbursement

003

Candidate Name

**H MORGAN GRIFFITH**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	1

Transaction ID : **SB23.7564**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

**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. H MORGAN GRIFFITH**

Mailing Address PO BOX 361

City State Zip Code  
CHRISTIANSBURG VA 24068

Purpose of Disbursement

003

Candidate Name

**H MORGAN GRIFFITH**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	1

Transaction ID : **SB23.7592**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. ORRIN G HATCH**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement

003

Candidate Name

**ORRIN G HATCH**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	1

Transaction ID : **SB23.7557**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. JOHN H SR LEWIS**

Mailing Address 103 SEWANEE AVE N W

City State Zip Code  
ATLANTA GA 30314

Purpose of Disbursement

003

Candidate Name

**JOHN H SR LEWIS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	1

Transaction ID : **SB23.7556**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. JIM P MCGOVERN**

Mailing Address 393 BURNCOAT ST

City Worcester State MA Zip Code 01606

Purpose of Disbursement

003

Candidate Name

**JIM P MCGOVERN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	1

**Transaction ID : SB23.7577**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. DAVID B MCKINLEY**

Mailing Address 23 STAMM LANE

City WHEELING State WV Zip Code 26003

Purpose of Disbursement

003

Candidate Name

**DAVID B MCKINLEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	1

**Transaction ID : SB23.7566**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. DAVID B MCKINLEY**

Mailing Address 23 STAMM LANE

City WHEELING State WV Zip Code 26003

Purpose of Disbursement

003

Candidate Name

**DAVID B MCKINLEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	1

**Transaction ID : SB23.7591**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0


**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. BILL NELSON**

Mailing Address 2234 OSPREY AVE

City ORLANDO State FL Zip Code 32814

Purpose of Disbursement

003

Candidate Name  
**BILL NELSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2011

Transaction ID : **SB23.7560**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. BILL NELSON**

Mailing Address 2234 OSPREY AVE

City ORLANDO State FL Zip Code 32814

Purpose of Disbursement

003

Candidate Name  
**BILL NELSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2011

Transaction ID : **SB23.7562**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. BILL NELSON**

Mailing Address 2234 OSPREY AVE

City ORLANDO State FL Zip Code 32814

Purpose of Disbursement

003

Candidate Name  
**BILL NELSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2011

Transaction ID : **SB23.7571**

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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 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. THOMAS EDMUNDS PRICE**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

003

Candidate Name

**THOMAS EDMUNDS PRICE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2011

Transaction ID : **SB23.7579**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

003

Candidate Name

**PRICE FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2011

Transaction ID : **SB23.7569**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. PAT ROBERTS**

Mailing Address PO BOX 15

City DODGE CITY State KS Zip Code 67801

Purpose of Disbursement

003

Candidate Name

**PAT ROBERTS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2011

Transaction ID : **SB23.7597**

Amount of Each Disbursement this Period

1000.00

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

7500.00

**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 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. PAT ROBERTS**

Mailing Address PO BOX 15

City DODGE CITY State KS Zip Code 67801

Purpose of Disbursement

003

Candidate Name  
**PAT ROBERTS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2011

Transaction ID : **SB23.7598**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL AVERY ROSS**

Mailing Address PO Box 360  
PO BOX 374

City Prescott State AR Zip Code 71857

Purpose of Disbursement

003

Candidate Name

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2011

Transaction ID : **SB23.7555**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL AVERY ROSS**

Mailing Address PO Box 360  
PO BOX 374

City Prescott State AR Zip Code 71857

Purpose of Disbursement

003

Candidate Name  
**MICHAEL AVERY ROSS**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2011

Transaction ID : **SB23.7573**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

**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. MICHAEL AVERY ROSS**

Mailing Address PO Box 360  
PO BOX 374

City Prescott State AR Zip Code 71857

Purpose of Disbursement

003

Candidate Name

**MICHAEL AVERY ROSS**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2011

Transaction ID : **SB23.7575**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. OLYMPIA J SNOWE**

Mailing Address PO BOX 2006

City SOUTH PORTLAND State ME Zip Code 04104

Purpose of Disbursement

003

Candidate Name

**OLYMPIA J SNOWE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ME District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 06 / 2011

Transaction ID : **SB23.7553**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. OLYMPIA J SNOWE**

Mailing Address PO BOX 2006

City SOUTH PORTLAND State ME Zip Code 04104

Purpose of Disbursement

003

Candidate Name

**OLYMPIA J SNOWE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ME District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2011

Transaction ID : **SB23.7578**

Amount of Each Disbursement this Period

1000.00

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

2500.00

**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 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. DEBBIE MS STABENOW**

Mailing Address 7143 STEEPLE CHASE

City LANSING State MI Zip Code 48917

Purpose of Disbursement

003

Candidate Name  
**DEBBIE MS STABENOW**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2011

Transaction ID : SB23.7593

Amount of Each Disbursement this Period

5000.00

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

60000.00