

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 3 HUNTINGTON QUADRANGLE SUITE 200S
MELVILLE NY 11747
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00407080
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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of NM

5. Covering Period 10 19 2006 through 11 27 2006

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 John Potapchuk

Signature of Treasurer Electronically Filed by John Potapchuk Date 12 07 2006

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**

Write or Type Committee Name
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		26621.06
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	20261.06									
(c) Total Receipts (from Line 19)	1836.00	19976.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22097.06	46597.06								
7. Total Disbursements (from Line 31)	3500.00	28000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18597.06	18597.06								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	1751.00	14262.00
(i) Itemized (use Schedule A)	85.00	5714.00
(ii) Unitemized	1836.00	19976.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	1836.00	19976.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	1836.00	19976.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1836.00	19976.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	28000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	3500.00	28000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3500.00	28000.00

DETAILED SUMMARY PAGE
of Disbursements

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)	1836.00	19976.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1836.00	19976.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<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	

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

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

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

Mailing Address 3 Huntington Quadrangle
Suite 200S

City State Zip Code
Melville NY 11747

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

Name of Employer
Gentiva Health Services Inc.

Occupation
Senior Regional VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4758

Amount of Each Receipt this Period
20.00

Payroll Deduction \$20.00
Biweekly

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

Mailing Address 3 Huntington Quadrangle
Suite 200S

City State Zip Code
Melville NY 11747

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

Name of Employer
Gentiva Health Services Inc.

Occupation
AVP - Financial Services Unit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4759

Amount of Each Receipt this Period
45.00

Payroll Deduction \$15.00
Biweekly

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

Mailing Address 3 Huntington Quadrangle
Suite 200S

City State Zip Code
Melville NY 11747

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 ▼
345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4761

Amount of Each Receipt this Period
45.00

Payroll Deduction \$15.00
Biweekly

SUBTOTAL of Receipts This Page (optional)	▶	110.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<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. Mara Benner		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4762	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly	
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 ▼ 575.00		

Full Name (Last, First, Middle Initial) B. David Bottle		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4763	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Carecentrix Procurement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

Full Name (Last, First, Middle Initial) C. Cindy Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4764	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
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 ▼ 345.00		

SUBTOTAL of Receipts This Page (optional) ▶	180.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<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. Linda Byler		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4765
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$10.00 Biweekly
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 ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Robert Creamer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4766
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$30.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President Home Healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 705.00	

Full Name (Last, First, Middle Initial) C. Douglas Dahlgard		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4767
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

SUBTOTAL of Receipts This Page (optional) ▶	195.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<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. Janine Debar		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4768
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Gentiva Health Services Inc.	Occupation Director Marketing Communications	Payroll Deduction \$10.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Rexanne Domico		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4769
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Gentiva Health Services Inc.	Occupation VP Gentiva Consulting	Payroll Deduction \$10.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Joyce Donohue		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4770
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Gentiva Health Services Inc.	Occupation Branch Director	Payroll Deduction \$10.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<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. Philip Feldman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4771	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP Financial Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

Full Name (Last, First, Middle Initial) B. Claire Gold		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4772	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$10.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Manager Therapy Practice		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) C. Michael Hannah		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4773	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$30.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Information Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00		

SUBTOTAL of Receipts This Page (optional) ▶	165.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 17
	<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. Full Name (Last, First, Middle Initial)
Beatrice Hoffman

Mailing Address 3 Huntington Quadrangle
Suite 200S

City State Zip Code
Melville NY 11747

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

Name of Employer Occupation
Gentiva Health Services AVP Managed Care
Inc.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4774

Amount of Each Receipt this Period
45.00

Payroll Deduction \$15.00
Biweekly

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

Mailing Address 3 Huntington Quadrangle
Suite 200S

City State Zip Code
Melville NY 11747

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

Name of Employer Occupation
Gentiva Health Services RVP Sales
Inc.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4775

Amount of Each Receipt this Period
60.00

Payroll Deduction \$20.00
Biweekly

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

Mailing Address 3 Huntington Quadrangle
Suite 200S

City State Zip Code
Melville NY 11747

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

Name of Employer Occupation
Gentiva Health Services Branch Director
Inc.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4776

Amount of Each Receipt this Period
36.00

Payroll Deduction \$12.00
Biweekly

SUBTOTAL of Receipts This Page (optional)	▶	141.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 17
	<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. Full Name (Last, First, Middle Initial)
Joanne Kassebaum

Mailing Address 3 Huntington Quadrangle
Suite 200S

City State Zip Code
Melville NY 11747

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

Name of Employer: Gentiva Health Services Inc.
Occupation: AVP - Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
920.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4777

Amount of Each Receipt this Period
120.00

Payroll Deduction \$40.00
Biweekly

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

Mailing Address 3 Huntington Quadrangle
Suite 200S

City State Zip Code
Melville NY 11747

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

Name of Employer: Gentiva Health Services Inc.
Occupation: VP - Financial Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
759.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4778

Amount of Each Receipt this Period
99.00

Payroll Deduction \$33.00
Biweekly

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

Mailing Address 3 Huntington Quadrangle
Suite 200S

City State Zip Code
Melville NY 11747

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

Name of Employer: Gentiva Health Services Inc.
Occupation: Director Marketing Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4779

Amount of Each Receipt this Period
30.00

Payroll Deduction \$10.00
Biweekly

SUBTOTAL of Receipts This Page (optional)	249.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 17
	<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. Lynn McGuire		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4780
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
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 ▼ 575.00	

Full Name (Last, First, Middle Initial) B. Margo Nemet		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4786
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 36.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$12.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Director Compliance Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

Full Name (Last, First, Middle Initial) C. Stephen Paige		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4787
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 180.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$60.00 Biweekly
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) ▼	Aggregate Year-to-Date ▼ 1380.00	

SUBTOTAL of Receipts This Page (optional) ▶	291.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 17
	<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. Geri Pichner		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4788
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$10.00 Biweekly
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 ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Diana Pollina		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4790
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$10.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Director Financial Services Unit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Susan Sender		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4791
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation VP & Chief Nursing Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 17
	<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. Todd Sexe		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4792	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP Home Health Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

Full Name (Last, First, Middle Initial) B. Andrew Small		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4793	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$10.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Area Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) C. Sue-Ellen Stuart		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4794	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$10.00 Biweekly	
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 ▼ 230.00		

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 17
	(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. Cynthia Thackston		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4795	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly		
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 ▼ 345.00		

Full Name (Last, First, Middle Initial) B. Deborah Thompson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4796	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly		
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 ▼ 345.00		

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	1751.00

**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

A. Full Name (Last, First, Middle Initial)
HEATHER WILSON FOR CONGRESS

Mailing Address P.O. BOX 14070
P.O. BOX 14070

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement
Recount Fund

003
Category/
Type

Candidate Name
HEATHER A. WILSON

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

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4757
Date of Disbursement

11 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
LAMPSON FOR CONGRESS

Mailing Address P.O. Box 58606

City Houston State TX Zip Code 77258

Purpose of Disbursement
2006 General Election Debt

003
Category/
Type

Candidate Name
NICHOLAS LAMPSON

Office Sought: House
 Senate
 President
State: TX District: 22

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4753
Date of Disbursement

11 / 20 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

3500.00