07/31/2009 15:45

Image# 29934391199

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURIM 3X	For	Other Than An	Authorized Con	nmittee	Of	fice Use Only
1. NAME OF COMMITTEE (in		FEC MAILING LAB	EL Example:If over the lin	typing, type les		
GENTIVA HEAL	TH SERVICES IN	NC PAC GENTIVAPA	AC		1 1 1 1 1	
	<u> </u>					
ADDRESS (number an	d street)	HUNTINGTON QUA	DRANGLE			
Check if diff than previou reported. (A	erent L sly M	UITE 200S			NY L	11747 - 4627
2. FEC IDENTIFICA	ATION NUMBER	<b>\</b>	CITY 🛕		STATEA	ZIPCODE 🛕
C00407080	)	3	s. IS THIS REPORT	NEW (N) OR	X AMEN	IDED
July 15 Quarte Octobe Quarte Januar Quarte  X July 31 Report Year O	eports: ily Report(Q1) rly Report(Q2) r 15 rly Report(Q3)	(d) 30-Day  Post -Electic  Report for th	e: Conve	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  ry (12P)  ention (12C)  al (30G)	Aug 20 Sep 20 Oct 20 ( General (12G Special (12G Runoff (30R)	Year Only)  Dec 20 (M12) (Non-Election Year Only)  M10)  Jan 31 (YE)  Runoff (12R)  in the State of
5. Covering Period	0 1	01 2009	thre	ough 0 6	30 2	0 0 9
I certify that I have exactly Type or Print Name of	•	t and to the best of m John Potapchuk	y knowledge and bel	ief it is true, correct	and complete.	
Signature of Treasure	r Electronically	/ Filed by John Pota	apchuk		Date 0.7	31 2009
NOTE : Submission o	f false, erroneous	, or incomplete inform	nation may subject th	e person signing th	is Report to the per	nalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X

FE6AN026

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

2/16

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

D D <sup>®</sup>D 0 1 0 1 2009 0.6 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 27133.96 January 1 (b) Cash on Hand at 27133.96 Begining of Reporting Period ..... 15615.00 15615.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 42748.96 42748.96 6(a) and 6(c) for Column B) ..... 16639.45 16639.45 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 26109.51 26109.51 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X 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) 3 / 16

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period:

From:

м м 0 1 0 1

<sup>Y</sup> 2009

To:

м м 0 6 <sup>D</sup> 3 0

Y Y Y Y Y 2 0 0 9

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	11500.50	11500.50
	(ii) Unitemized	4114.50	4114.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	15615.00	15615.00
(I	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15615.00	15615.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(I	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	15615.00	15615.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	15615.00	15615.00

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	139.45	139.45
Expenditures(c) Total Operating Expenditures	100.40	100.40
(add 21(a)(i), (a)(ii) and (b))	139.45	139.45
Transfers to Affiliated/Other Party     Committees	0.00	0.00
3. Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	16500.00	16500.00
Independent Expenditure     (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
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	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
D. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(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
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16639.45	16639.45
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	10000 15	10000 15
from Line 31)	16639.45	16639.45

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 16

	Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	utions (other than loans) d), page 3)	15615.00	15615.00
	ution Refunds (d))	0.00	0.00
	ions (other than loans) e 34 from Line 33)	15615.00	15615.00
	Operating Expenditures a)(i) and Line 21(b))	139.45	139.45
•	perating Expenditures , page 3)	0.00	0.00
	Expenditures 37 from Line 36)	139.45	139.45

FE6AN026

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENTIVA HEALTH SERVICES INC	Statements may not be sold or used by any persone name and address of any political committee to PAC GENTIVAPAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mara Benner  Mailing Address 3 Huntington Quadra Suite 200S  City  Melville  FEC ID number of contributing federal political committee.  Name of Employer Gentiva Health Services Inc.  Receipt For:  Primary General  Other (specify)	State Zip Code NY 11747  C  Occupation Vice President Government Affairs  Aggregate Year-to-Date   1950.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Judy Bernath  Mailing Address 3 Huntington Quadra Suite 200S  City  Melville  FEC ID number of contributing federal political committee.  Name of Employer Gentiva Health Services Inc.  Receipt For:  Primary General  Other (specify)	State Zip Code NY 11747  C  Occupation Area Director  Aggregate Year-to-Date  260.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y  O 6 19 2009  Transaction ID: SA11AI.5510  Amount of Each Receipt this Period  260.00  Payroll Deduction - \$20.00  Biweekly
Full Name (Last, First, Middle Initial) Bruce Carter  Mailing Address 3 Huntington Quadra Suite 200S  City  Melville  FEC ID number of contributing federal political committee.  Name of Employer Gentiva Health Services Inc.  Receipt For:  Primary General  Other (specify)	State Zip Code NY 11747  C  Occupation RVP - Operations  Aggregate Year-to-Date  260.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		2470.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 16 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)  GENTIVA HEALTH SERVICES IN	and Statements may not be sold or used by any persong the name and address of any political committee to NC PAC GENTIVAPAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Douglas Dahlgard Mailing Address 3 Huntington Qua Suite 200S City Melville	drangle State Zip Code NY 11747	Date of Receipt  0 6 19 2009  Transaction ID: SA11AI.5523  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Gentiva Health Services Inc.  Receipt For:  Primary General  Other (specify)	Occupation Vice President Tax  Aggregate Year-to-Date   325.00	Payroll Deduction - \$25.00 Biweekly
Full Name (Last, First, Middle Initial) Dave Gieringer  Mailing Address 3 Huntington Qua Suite 200S  City  Melville  FEC ID number of contributing federal political committee.  Name of Employer Gentiva Health Services Inc.  Receipt For:  Primary General Other (specify)	State Zip Code NY 11747  C  Occupation Vice President Acctg / Controller  Aggregate Year-to-Date  260.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Monica Hullinger  Mailing Address 3 Huntington Quanguite 200S  City  Melville  FEC ID number of contributing federal political committee.  Name of Employer Gentiva Health Services, Inc.  Receipt For:  Primary General  Other (specify)	State Zip Code NY 11747  C  Occupation VP - Home Health Operations  Aggregate Year-to-Date  260.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	nal)	845.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 16 (check only one)    X   11a
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENTIVA HEALTH SERVICES INC I	PAC GENTIV	APAC	
<u></u>	Full Name (Last, First, Middle Initial) Mary Jalwan			Date of Receipt
	Mailing Address 3 Huntington Quadra Suite 200S	ngle		0 6 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5538
	Melville	NY	11747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer Gentiva Health Services Inc.	Occupation RVP Sal		Payroll Deduction - \$20.00 Biweekly
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	
_	Full Name (Last, First, Middle Initial) Brenda Junior	-1		Date of Receipt
	Mailing Address 3 Huntington Quadra Suite 200S	ngle		06 19 2009
	City	State	Zip Code	Transaction ID: SA11AI.5540
	Melville	NY	11747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer Gentiva Health Services Inc.	Occupation Branch I		Payroll Deduction - \$20.00 Biweekly
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	
	Full Name (Last, First, Middle Initial) JoAnne Little			Date of Receipt
	Mailing Address 3 Huntington Quadra Suite 200S	ngle		06 19 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.5546
	Melville	NY	11747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		390.00
	Name of Employer Gentiva Health Services Inc.		neral Counsel	Payroll Deduction - \$30.00 Biweekly
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00	]
_	SUBTOTAL of Receipts This Page (optional)			910.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 16 (check only one)    X
	Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PA	AC GENTIV	APAC	
∠ 4.	Full Name (Last, First, Middle Initial) Daniel Locker			Date of Receipt
	Mailing Address 3 Huntington Quadrano Suite 200S	gle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5547
	Melville	NY	11747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.50
	Name of Employer Gentiva Health Services	Occupatio	n Vice President Sales	Payroll Deduction - \$38.50 Biweekly
	Inc. Receipt For:		e Year-to-Date	
	Primary General Other (specify) ▼		500.50	]
- 3.	Full Name (Last, First, Middle Initial) Kevin Marrazzo			Date of Receipt
	Mailing Address 3 Huntington Quadrano Suite 200S	gle		04 / 24 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.5548
	Melville	NY	11747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Gentiva Health Services Inc.	Occupatio Assistan	n t Vice President Legal	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
- ;.	Full Name (Last, First, Middle Initial) Mary Muchow			Date of Receipt
	Mailing Address 3 Huntington Quadrano Suite 200S	gle		0 6 1 9 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5550
	Melville	NY	11747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		220.00
	Name of Employer Gentiva Health Services	Occupatio		Payroll Deduction - \$20.00 Biweekly
	Inc. Receipt For:	_•	Clinical Operations  e Year-to-Date	$\dashv$
	Primary General	Aggregate		1
	Other (specify)		220.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1020.50
\ 			<u> </u>	
	<b>TOTAL</b> This Period (last page this line number of	only)		

ITE	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 16 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or f	r information copied from such Reports and Sta or commercial purposes, other than using the r NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PA	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial)  Duane Neel  Mailing Address 3 Huntington Quadrang Suite 200S  City  Melville  FEC ID number of contributing federal political committee.	State NY	Zip Code 11747	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
j	Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	Occupation RVP - Sa Aggregate		Payroll Deduction - \$20.00 Biweekly
B	Full Name (Last, First, Middle Initial) Stephen Paige  Mailing Address 3 Huntington Quadrang Suite 200S  City  Melville  FEC ID number of contributing federal political committee.  Name of Employer Gentiva Health Services Inc.	State NY C	Zip Code 11747  n ce Preisdent/General Couns	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) John Potapchuk Mailing Address 3 Huntington Quadrang	0 0	Year-to-Date ▼ 780.00	Date of Receipt
-	Mailing Address 3 Huntington Quadrang Suite 200S  City  Melville  FEC ID number of contributing federal political committee.  Name of Employer Gentiva Health Services Inc.  Receipt For:  Primary General Other (specify)	State NY  C Occupation EVP & Cl	Zip Code 11747  n hief Financial Officer Year-to-Date ▼ 4000.00	Transaction ID: SA11AI.5555  Amount of Each Receipt this Period  4000.00
su	JBTOTAL of Receipts This Page (optional)			5020.00

A.

В.

PAGE 11/16 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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) Date of Receipt Todd Sexe Mailing Address 3 Huntington Quadrangle 06 19 2009 Suite 200S City State Zip Code Transaction ID: SA11AI.5558 Melville NY 11747 Amount of Each Receipt this Period FEC ID number of contributing 260.00 C federal political committee. Payroll Deduction - \$20.00 Biweekly Name of Employer Gentiva Health Services Occupation VP Home Health Operations Inc. Receipt For: Aggregate Year-to-Date General Primary 260.00 Other (specify) Full Name (Last, First, Middle Initial) Charlotte Weaver Date of Receipt Mailing Address 3 Huntington Quadrangle Suite 200S 0 6 19 2009 City State Zip Code Transaction ID: SA11AI.5571 Melville NY 11747 Amount of Each Receipt this Period FEC ID number of contributing C 975.00 federal political committee. Payroll Deduction - \$75.00 Biweekly Name of Employer Gentiva Health Services, Occupation Chief Clinical Officer Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General

975.00

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1235.00
TOTAL This Period (last page this line number only)	<b>•</b>	11500.50

Other (specify)

	B (FEC Form	'   Use	separate schedule(	s)	FOR LINE (check on		R:		Р	AGE	12 / 1	6
FEMIZED D	ISBURSEMEN	TS for e	each category of the ailed Summary Page		21b 27	22 28a	ننا	3 8b	24 28c		25 29	E
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	, First, Middle Initial) FOR SENATE					Trans Date o			SB23	3.5487	,	
Mailing Address	P.O. BOX 2109	93				0 <sup>M</sup> 1	M /	<sup>D</sup> 2	D /	ž	o ŏ 9	Y
City CATONSVILL	 .E	State MD	Zip Code 21228			Amou	nt of E	Each [	Disburs	ement	this P	erio
Purpose of Disb	ursement				003		_			100	0.00	
Candidate Name BENJAMIN L				Ca	ategory/ Type							
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State: MD	District: 03											
,	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS					Date o	of Disk	ourser				
Mailing Address	3069 Conquista	a Court				0 <sup>M</sup> 6	M /	D 0	<b>1</b> /	ž	o ŏ 9	Y
City Las Vegas		State NV	Zip Code 89121			Amou	nt of E	Each [	Disburs	ement	this P	erio
Purpose of Disb	ursement				000	<u> </u>				150	0.00	
Candidate Name SHELLEY BE				Ca	003 ategory/ Type							
Office Sought:	X House Senate President	Disbursement F X Prima Other										
State: NV	District: 01											
	, First, Middle Initial) N FOR U S SENATI	E				Date o	of Disk	ourser				
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City SATELITE BE	EACH	State FL	Zip Code 32937			Amou	nt of E	Each [	Disburs	ement	this P	erio
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Candidate Name				Ca	003 ategory/ Type							
Office Sought:	House X Senate	Disbursement F	ary Genera	-								
State: FL	President District: 00	Uther	(specify)									
						1						

Ary 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) DAVE CAMP FOR CONGRESS 2008  Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100 City MIDLAND Mil 48640  Purpose of Disbursement Office Sought: X House Senate President State: MI District: 04  Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN  Mailing Address PO BOX 3197  City State Zip Code AR 72203  Purpose of Disbursement Office Sought: House Senate President State: AR District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS  Mailing Address PO BOX 586		Use separa	ate schedule(s)	-	NUMBER: PAGE 13 / 16
NAME OF COMMITTEE (In Full)  RAME OF COMMITTEE (In Full)  GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC  Full Name (Last, First, Middle Initial)  DAVE CAMP FOR CONGRESS 2008  Mailing Address 5915 EASTMAN AVE. SUITE 100  City State Zip Code MID Last First, Middle Initial)  Purpose of Disbursement  City State: MI District: 04  Full Name (Last, First, Middle Initial)  FRIENDS OF BLANCHE LINCOLN  Mailing Address PO BOX 586  Transaction ID: SB23,5494  Date of Disbursement this Peric No. 2010  Amount of Each Disbursement this Peric No. 2010  Transaction ID: SB23,5500  Amount of Each Disbursement this Peric No. 2010  Transaction ID: SB23,5500  Date of Disbursement this Peric No. 2010  Transaction ID: SB23,5500  Date of Disbursement this Peric No. 2010  Transaction ID: SB23,5500  Date of Disbursement this Peric No. 2010  Transaction ID: SB23,5500  Date of Disbursement this Peric No. 2010  Transaction ID: SB23,5500  Date of Disbursement this Peric No. 2010  Amount of Each Disbursement this Peric No. 2010  Transaction ID: SB23,5500  Date of Disbursement this Peric No. 2010  Transaction ID: SB23,5500  Date of Disbursement this Peric No. 2010  Transaction ID: SB23,5500  Date of Disbursement this Peric No. 2010  Transaction ID: SB23,5500  Date of Disbursement this Peric No. 2010  Transaction ID: SB23,5500  Date of Disbursement this Peric No. 2010  Transaction ID: SB23,5500  Date of Disbursement this Peric No. 2010  Transaction ID: SB23,5491  Transaction ID: SB23,5491  Date of Disbursement this Peric No. 2010  Transaction ID: SB23,5491  Transaction ID: SB23,5491  Transaction ID: SB23,5494  Amount of Each Disbursement this Peric No. 2010  Transaction ID: SB23,5491  Transaction ID: SB	ITEMIZED DISBURSEMENTS	for each ca	tegory of the	21b	22 X 23 24 25 2
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 14/16
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 2 28c 29 3
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NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC G	ENTIVAPAC			
Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC			Transaction ID: S Date of Disbursement	ent
Mailing Address PO BOX 1000			05 01	<sup>'</sup> 2009
•	State Zip Code A 50304		Amount of Each Dis	sbursement this Period
Purpose of Disbursement		003		2000.00
Candidate Name CHARLES E GRASSLEY	mont For 2010	Category/ Type		
President	nent For: 2010 Primary General Other (specify)			
State: IA District: 00  Full Name (Last, First, Middle Initial)  GRASSLEY COMMITTEE INC			Transaction ID: 5	
Mailing Address PO BOX 1000			06 12	y žoýg <sup>y</sup>
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Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS			Transaction ID: 5	ent
Mailing Address 303 Peachtree Street, NE Suite 5300			02 7 23	y žoŏ9
	State Zip Code GA 30308		Amount of Each Dis	sbursement this Period
Purpose of Disbursement		003		1000.00
Candidate Name JOHN MR. LEWIS		Category/ Type		
Office Sought:    X   House   Disburse    Senate   President     State: GA   District: 05	nent For: 2010 Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				5000.00
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	Use separate schedule(s) (check of	NE NUMBER: PAGE 15 / 16 only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page  21b 27	<u> </u>
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Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS  Mailing Address 303 Peachtree Street, Suite 5300  City Atlanta  Purpose of Disbursement	NE State Zip Code GA 30308	Transaction ID: SB23.5493 Date of Disbursement  M M M / D D / Y Y Y O Y 9  Amount of Each Disbursement this Period
Candidate Name JOHN MR. LEWIS  Office Sought:  X House Senate President  State: GA District: 05	Category/ Type  Irsement For: 2010  X Primary General Other (specify)	
Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO Box 5577 MANHATTANVILLE S City	TA State Zip Code	Transaction ID: SB23.5498 Date of Disbursement  M 6 M / D D / Y Y Y O Y 9  Amount of Each Disbursement this Period
New York Purpose of Disbursement  Candidate Name CHARLES B RANGEL  Office Sought: X House Senate President	NY 10027  003  Category/ Type  Irsement For: 2010  X Primary General Other (specify)   Other (specify)	2000.00
State: NY District: 15  Full Name (Last, First, Middle Initial) RE-ELECT MCGOVERN COMMITTEE  Mailing Address PO Box 60405 PO Box 60405		Transaction ID: SB23.5489 Date of Disbursement   Description:  Description:  Description:  Transaction ID: SB23.5489  Date of Disbursement  Description:  Transaction ID: SB23.5489  Date of Disbursement  Transaction ID: SB23.5489  Date of Disbursement
City Worcester Purpose of Disbursement  Candidate Name JIM P MCGOVERN	State Zip Code MA 01606  003  Category/ Type	Amount of Each Disbursement this Period 1000.00
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SCHEDULE B (FEC Form 3X)		INE NUMBER: PAGE 16/16				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page Check	only one)  22				
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NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC G	ENTIVAPAC					
Full Name (Last, First, Middle Initial) RE-ELECT MCGOVERN COMMITTEE  Mailing Address PO Box 60405 PO Box 60405		Transaction ID: SB23.5495 Date of Disbursement  O 5 M / D 2 D / Y Y Y O O 9				
	State Zip Code MA 01606	Amount of Each Disbursement this Period  1000.00				
Candidate Name JIM P MCGOVERN	Q03 Category/ Type					
Office Sought:    X   House   Disburse    Senate   President     State: MA   District: 03	nent For: 2010  Primary General  Other (specify)					

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
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