

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From:

M	M
0	7

D	D
1	5

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		17635.52
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	49823.11									
(c) Total Receipts (from Line 19)	28977.90	99532.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	78801.01	117168.22								
7. Total Disbursements (from Line 31)	28626.63	66993.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50174.38	50174.38								
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

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)	26959.90	78400.60
(ii) Unitemized	2018.00	21132.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28977.90	99532.70
(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)	28977.90	99532.70
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))	28977.90	99532.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28977.90	99532.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	126.63	493.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	126.63	493.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28500.00	66500.00
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))..	28626.63	66993.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28626.63	66993.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	28977.90	99532.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28977.90	99532.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	126.63	493.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	126.63	493.84

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 51
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Scott Allen		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6697
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Gentiva	Occupation Area Director Sales	Bi-weekly deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) John Aurelio		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6698
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Gentiva Health Services Inc.	Occupation Regional VP Nursing Operations	Bi-weekly deduction \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.

Full Name (Last, First, Middle Initial) Brian Bacon		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6699
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Gentiva Health Services Inc.	Occupation Branch Director	Bi-weekly deduction \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	480.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 51
(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.

Full Name (Last, First, Middle Initial) Camille Bagwell		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6704
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Gentiva	Occupation AVP - Operations	Bi-weekly deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.

Full Name (Last, First, Middle Initial) Jeffrey Barr		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6702
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Gentiva	Occupation AVP - Sales	Bi-weekly deduction \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.

Full Name (Last, First, Middle Initial) Selece Beasley		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6729
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Gentiva	Occupation Director Compliance	Bi-weekly deduction \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	570.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 51
	<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.	Full Name (Last, First, Middle Initial) Mara Benner	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6731
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 900.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$150
	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 ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Susan Benoit	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6732
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	Bi-weekly 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 ▼ 540.00	

C.	Full Name (Last, First, Middle Initial) Judy Bernath	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6733
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	Bi-weekly 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 ▼ 400.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 51
	<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) Joseph Bettini	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6734
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$50
	Name of Employer Gentiva Occupation Director Operations Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) Cathy Blanchard	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.6736
	City Melville State NY Zip Code 11747	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Bi-weekly 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 ▼ 720.00	

C.	Full Name (Last, First, Middle Initial) Terri Blevins	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6737
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$30
	Name of Employer Gentiva Occupation VP - Clinical Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 10 / 51
(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. Full Name (Last, First, Middle Initial)
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 ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6738
Amount of Each Receipt this Period 150.00
Bi-weekly deduction \$25

B. Full Name (Last, First, Middle Initial)
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 ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6739
Amount of Each Receipt this Period 150.00
Bi-weekly deduction \$25

C. Full Name (Last, First, Middle Initial)
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 ▼ 630.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6740
Amount of Each Receipt this Period 210.00
Bi-weekly deduction \$35

SUBTOTAL of Receipts This Page (optional) ▶ 510.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 51
(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.

Full Name (Last, First, Middle Initial) Robert Brunson		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6741
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Sales	Bi-weekly deduction \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) Christy Buono		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6742
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Gentiva	Occupation Area Director Sales	Bi-weekly deduction \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.

Full Name (Last, First, Middle Initial) John Camperlengo		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6744
City Atlanta	State GA	Zip Code 33039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Gentiva Health Services, Inc.	Occupation SVP, CCO & Deputy General Counsel	Bi-weekly deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	480.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 51
(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. Full Name (Last, First, Middle Initial)
Bruce Carter

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 Inc. RVP - Operations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.6747

Amount of Each Receipt this Period
120.00

Bi-weekly deduction \$20

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City State Zip Code
Atlanta GA 30339

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

Name of Employer Occupation
Gentiva VP - Operations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1820.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.6749

Amount of Each Receipt this Period
600.00

Bi-weekly deduction \$100

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City State Zip Code
Atlanta GA 30339

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

Name of Employer Occupation
Gentiva AVP - Sales

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.6752

Amount of Each Receipt this Period
150.00

Bi-weekly deduction \$25

SUBTOTAL of Receipts This Page (optional) ► 870.00

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 13 / 51
(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.

Full Name (Last, First, Middle Initial) Michael Craig		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6753
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Gentiva	Occupation AVP - Sales	Bi-weekly deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.

Full Name (Last, First, Middle Initial) Barbara Cundiff		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6754
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Gentiva Health Services Inc.	Occupation Area Director	Bi-weekly deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C.

Full Name (Last, First, Middle Initial) Patrick Cunningham		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6755
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Gentiva	Occupation AVP - Reg Affairs	Bi-weekly deduction \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	420.00
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 14 / 51
(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. Full Name (Last, First, Middle Initial)
David Cygan

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 ▼ 684.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6756
Amount of Each Receipt this Period 228.00
Bi-weekly deduction \$38

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

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 Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6757
Amount of Each Receipt this Period 105.00

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

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 - Hospice

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6761
Amount of Each Receipt this Period 600.00
Bi-weekly deduction \$100

SUBTOTAL of Receipts This Page (optional) ▶ 933.00

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 15 / 51
	<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	

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) Catherine Deveer		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6762		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Bi-weekly 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 ▼ 450.00			

B.	Full Name (Last, First, Middle Initial) Rexanne Domico		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6763		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 210.00	
	FEC ID number of contributing federal political committee. C		Bi-weekly deduction \$35		
	Name of Employer Gentiva Health Services Inc.	Occupation VP Gentiva Consulting			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

C.	Full Name (Last, First, Middle Initial) Marion Donahue		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste		Transaction ID: SA11AI.6764		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C		Bi-weekly deduction \$20		
	Name of Employer Gentiva	Occupation Reg Dir - Clinical Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

SUBTOTAL of Receipts This Page (optional)	▶	480.00
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 16 / 51
	<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) Indy Edwards		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6766
Name of Employer Gentiva		Occupation AVP - Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 420.00
		<input type="text"/> 1260.00	Bi-weekly deduction \$70

B.	Full Name (Last, First, Middle Initial) Mary Elkin		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6767
Name of Employer Gentiva		Occupation AVP - Sales Support	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 240.00
		<input type="text"/> 680.00	Bi-weekly deduction \$40

C.	Full Name (Last, First, Middle Initial) Julie Erickson		Date of Receipt
	Mailing Address 3 Huntington Quadrangle Suite 200S		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Melville	NY	11747
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6768
Name of Employer Gentiva Health Services Inc.		Occupation Reg Director - Clinical Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 460.00	Bi-weekly deduction \$25

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 810.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 / 51
(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. Full Name (Last, First, Middle Initial)
Philip Filippelli

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 - Appl Dev & Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6770
Amount of Each Receipt this Period 240.00
Bi-weekly deduction \$40

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

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 ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6771
Amount of Each Receipt this Period 150.00
Bi-weekly deduction \$25

C. Full Name (Last, First, Middle Initial)
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 ▼ 1500.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6774
Amount of Each Receipt this Period 450.00
Bi-weekly deduction \$75

SUBTOTAL of Receipts This Page (optional) ▶ 840.00

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 / 51
(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. Full Name (Last, First, Middle Initial)
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 ▼ 370.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6777
Amount of Each Receipt this Period: 120.00
Bi-weekly deduction \$20

B. Full Name (Last, First, Middle Initial)
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 ▼ 730.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6778
Amount of Each Receipt this Period: 240.00
Bi-weekly deduction \$40

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

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 ▼ 680.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6779
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ **560.00**

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 / 51
(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. Full Name (Last, First, Middle Initial)
Nancy Guerland

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 ▼ 760.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6780
Amount of Each Receipt this Period 240.00
Bi-weekly deduction \$40

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

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 - Clinical Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6782
Amount of Each Receipt this Period 120.00
Bi-weekly deduction \$20

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

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 - Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6785
Amount of Each Receipt this Period 300.00
Bi-weekly deduction \$50

SUBTOTAL of Receipts This Page (optional) ▶ 660.00

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 / 51
(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.

Full Name (Last, First, Middle Initial) Teresa Harrell		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6787
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer Gentiva	Occupation Regional Director - HR	Bi-weekly deduction \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

B.

Full Name (Last, First, Middle Initial) Jane Heideman		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6794
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 270.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Accounting	Bi-weekly deduction \$45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 785.00	

C.

Full Name (Last, First, Middle Initial) Timothy Hock		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6796
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Gentiva	Occupation AVP - Operations	Bi-weekly deduction \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 / 51
	<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.	Full Name (Last, First, Middle Initial) Ann Hodges		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6797
Name of Employer Gentiva		Occupation HR Regional Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	180.00
			Bi-weekly deduction \$30

B.	Full Name (Last, First, Middle Initial) Pamela Hopewell		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6798
Name of Employer Gentiva		Occupation AVP - Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	120.00
			Bi-weekly deduction \$20

C.	Full Name (Last, First, Middle Initial) Monica Hullinger		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6799
Name of Employer Gentiva Health Services, Inc.		Occupation VP - Home Health Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 760.00	240.00
			Bi-weekly deduction \$40

SUBTOTAL of Receipts This Page (optional)	540.00
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 22 / 51
	<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.	Full Name (Last, First, Middle Initial) Mark Hunt	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6800
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$40
	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 ▼ 720.00	

B.	Full Name (Last, First, Middle Initial) Jorie Jacobs	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6801
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$50
	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 ▼ 900.00	

C.	Full Name (Last, First, Middle Initial) Mary Jalwan	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6802
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$60
	Name of Employer Gentiva Health Services Inc. Occupation RVP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1120.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 51
	<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) Lisa Jans		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6803
Name of Employer Gentiva		Occupation Area Rehab Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 60.00
			Bi-weekly deduction \$10

B.	Full Name (Last, First, Middle Initial) John Karr		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6806
Name of Employer Gentiva		Occupation VP - Compensation & Benefits	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	<input type="text"/> 300.00
			Bi-weekly deduction \$50

C.	Full Name (Last, First, Middle Initial) Debbie Ann Kearns		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6807
Name of Employer Gentiva		Occupation AVP - Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	<input type="text"/> 180.00
			Bi-weekly deduction \$30

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 540.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 51
(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.

Full Name (Last, First, Middle Initial) Donna Kinsella		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6809
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Gentiva	Occupation Reg Dir - Clinical Ops	Bi-weekly deduction \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.

Full Name (Last, First, Middle Initial) Jennifer Kisluk		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6810
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Gentiva	Occupation Finance Director	Bi-weekly deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.

Full Name (Last, First, Middle Initial) Rebecca Knight		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6811
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Gentiva	Occupation AVP - Operations	Bi-weekly deduction \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional)	510.00
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 25 / 51
(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

A. Full Name (Last, First, Middle Initial)
Robert Koch

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 ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6812
Amount of Each Receipt this Period 150.00
Bi-weekly deduction \$25

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

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 - Nat'l Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6814
Amount of Each Receipt this Period 0.00

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

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 Asst General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6816
Amount of Each Receipt this Period 180.00
Bi-weekly deduction \$30

SUBTOTAL of Receipts This Page (optional) ▶ 330.00

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 26 / 51
	<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.	Full Name (Last, First, Middle Initial) Robert Little	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6817
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$40
	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 ▼ 744.00	

B.	Full Name (Last, First, Middle Initial) Michele Lovato	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6818
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$50
	Name of Employer Gentiva Occupation Finance Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

C.	Full Name (Last, First, Middle Initial) Christopher Macinnis	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6819
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$60
	Name of Employer Gentiva Occupation RVP - Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1080.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 51
(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.

Full Name (Last, First, Middle Initial)
Darlene Mahoney

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 ▼ 340.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6820
Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Ronald Malone

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 Chairman / Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3420.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6821
Amount of Each Receipt this Period 1140.00
Bi-weekly deduction \$190

C.

Full Name (Last, First, Middle Initial)
Lawrence Marion

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 ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6822
Amount of Each Receipt this Period 150.00
Bi-weekly deduction \$25

SUBTOTAL of Receipts This Page (optional) ► 1390.00

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 28 / 51
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Rosa Mascardi		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6824
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Gentiva	Occupation AVP - Sales	Bi-weekly deduction \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.

Full Name (Last, First, Middle Initial) Robert Maynard		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6825
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Gentiva	Occupation AVP - Operations	Bi-weekly deduction \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.

Full Name (Last, First, Middle Initial) Michelle Mazzonetto		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6826
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Gentiva	Occupation AVP - Operations	Bi-weekly deduction \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

SUBTOTAL of Receipts This Page (optional)	▶	540.00
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 / 51
(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. Full Name (Last, First, Middle Initial)
Janet Miller

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 ▼ 370.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.6829

Amount of Each Receipt this Period 120.00

Bi-weekly deduction \$20

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

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 ▼ 900.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.6831

Amount of Each Receipt this Period 300.00

Bi-weekly deduction \$50

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

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 ▼ 900.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.6832

Amount of Each Receipt this Period 300.00

Bi-weekly deduction \$50

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 51
	<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.	Full Name (Last, First, Middle Initial) Mary Muchow		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6833		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 180.00	
	FEC ID number of contributing federal political committee. C		Bi-weekly deduction \$30		
	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 ▼ 580.00			

B.	Full Name (Last, First, Middle Initial) Deana Murphy		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6834		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Bi-weekly deduction \$25		
	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 ▼ 470.00			

C.	Full Name (Last, First, Middle Initial) Richard Nankee		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6835		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 45.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Gentiva		Occupation Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

SUBTOTAL of Receipts This Page (optional)	▶	375.00
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 31 / 51
	<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) Karen Negri		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6837		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Bi-weekly deduction \$25		
	Name of Employer Gentiva	Occupation AVP - Sales	Aggregate Year-to-Date 975.00		

B.	Full Name (Last, First, Middle Initial) Margo Nemet		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6838		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. C		Bi-weekly deduction \$15		
	Name of Employer Gentiva Health Services Inc.	Occupation Director Compliance Services	Aggregate Year-to-Date 294.00		

C.	Full Name (Last, First, Middle Initial) Debra Nerstad		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6839		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. C		Bi-weekly deduction \$15		
	Name of Employer Gentiva	Occupation AVP - Operations	Aggregate Year-to-Date 270.00		

SUBTOTAL of Receipts This Page (optional)	330.00
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 32 / 51
	<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) Derek Nordman	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6840
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$20
	Name of Employer Gentiva Occupation Dir - Regional Rehab Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 360.00	

B.	Full Name (Last, First, Middle Initial) Laurie O'Hara	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6843
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$20
	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 360.00	

C.	Full Name (Last, First, Middle Initial) Stephen Paige	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6844
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 290.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$25
	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 1130.00	

SUBTOTAL of Receipts This Page (optional)	530.00
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 33 / 51
(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.

Full Name (Last, First, Middle Initial) Charlotte Parker		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6845
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Gentiva	Occupation AVP - Hospice	Bi-weekly deduction \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.

Full Name (Last, First, Middle Initial) Benjamin Peirce		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6846
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Gentiva Health Services Inc.	Occupation Manager Wound Care	Bi-weekly deduction \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

C.

Full Name (Last, First, Middle Initial) Patricia Phillips		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6847
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Gentiva	Occupation AVP - Operations	Bi-weekly deduction \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional)	600.00
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 34 / 51
(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. Full Name (Last, First, Middle Initial)
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 ▼ 720.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6850
 Amount of Each Receipt this Period 240.00
 Bi-weekly deduction \$40

B. Full Name (Last, First, Middle Initial)
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 ▼ 360.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6852
 Amount of Each Receipt this Period 120.00
 Bi-weekly deduction \$20

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

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 ▼ 360.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6854
 Amount of Each Receipt this Period 120.00
 Bi-weekly deduction \$20

SUBTOTAL of Receipts This Page (optional) ▶ **480.00**

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 / 51
	<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.	Full Name (Last, First, Middle Initial) Cecille Riggs		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6855
Name of Employer Gentiva		Occupation Director Regional Rehab	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	<input type="text"/> 180.00
			Bi-weekly deduction \$30

B.	Full Name (Last, First, Middle Initial) Mary Jo Rinkewich		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6856
Name of Employer Gentiva		Occupation AVP - Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 519.30	<input type="text"/> 173.10
			Bi-weekly deduction \$28.85

C.	Full Name (Last, First, Middle Initial) Elizabeth Scanlon		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6860
Name of Employer Gentiva		Occupation AVP - Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	<input type="text"/> 40.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 393.10
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 36 / 51
(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

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

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 ▼ 760.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6861
Amount of Each Receipt this Period: 240.00
Bi-weekly deduction \$40

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

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 ▼ 350.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6862
Amount of Each Receipt this Period: 150.00
Bi-weekly deduction \$25

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

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 ▼ 2700.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6863
Amount of Each Receipt this Period: 900.00
Bi-weekly deduction \$150

SUBTOTAL of Receipts This Page (optional) ► 1290.00

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 37 / 51
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Paula Shoemaker

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 ▼ 730.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6865
Amount of Each Receipt this Period 240.00
Bi-weekly deduction \$40

B.

Full Name (Last, First, Middle Initial)
Eric Slusser

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 ▼ 1800.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6868
Amount of Each Receipt this Period 600.00
Bi-weekly deduction \$100

C.

Full Name (Last, First, Middle Initial)
Ruth Smith

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 Branch Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6869
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 865.00

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 38 / 51
(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.

Full Name (Last, First, Middle Initial) Joey Spearman		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6870
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Gentiva	Occupation AVP - Sales	Bi-weekly deduction \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

B.

Full Name (Last, First, Middle Initial) Eugenia Spencer		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6871
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Gentiva	Occupation SVP - Shared Svcs	Bi-weekly deduction \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.

Full Name (Last, First, Middle Initial) Frederick Spight		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6872
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 270.00
Name of Employer Gentiva	Occupation AVP - Purchasing & Supply Mgmt	Bi-weekly deduction \$45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

SUBTOTAL of Receipts This Page (optional)	810.00
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 39 / 51
(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. Full Name (Last, First, Middle Initial)
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 ▼ 900.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6873
Amount of Each Receipt this Period 300.00
Bi-weekly deduction \$50

B. Full Name (Last, First, Middle Initial)
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 ▼ 3461.40

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6875
Amount of Each Receipt this Period 1153.80
Bi-weekly deduction \$192.-30

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

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 ▼ 720.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6877
Amount of Each Receipt this Period 240.00
Bi-weekly deduction \$40

SUBTOTAL of Receipts This Page (optional) ► 1693.80

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 40 / 51
	<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.	Full Name (Last, First, Middle Initial) Trevor Sylvestre	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6878
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$35
	Name of Employer Gentiva Occupation Director - Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Gordon Thoennes	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6880
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$40
	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 ▼ 720.00	

C.	Full Name (Last, First, Middle Initial) Joseph Vuksan	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6884
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Bi-weekly deduction \$15
	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 ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	540.00
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 41 / 51
(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.

Full Name (Last, First, Middle Initial) Gena Wagner		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6885
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Gentiva Health Services, Inc.	Occupation AVP - Operations	Bi-weekly deduction \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 930.00	

B.

Full Name (Last, First, Middle Initial) Charlotte Weaver		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6886
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Gentiva Health Services, Inc.	Occupation Chief Clinical Officer	Bi-weekly deduction \$100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

C.

Full Name (Last, First, Middle Initial) Damien Weston		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6887
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Gentiva	Occupation AVP - Sales	Bi-weekly deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
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 42 / 51
(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.

Full Name (Last, First, Middle Initial) Cheryl White		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6888
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Gentiva	Occupation Area Director Sales	Bi-weekly deduction \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

B.

Full Name (Last, First, Middle Initial) Melissa Wilbanks		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6889
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Gentiva	Occupation AVP - Sales	Bi-weekly deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.

Full Name (Last, First, Middle Initial) Douglas Wray		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6892
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Gentiva	Occupation AVP - Sales	Bi-weekly deduction \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 43 / 51	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Michael Young		Date of Receipt
Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
City	State	Zip Code
Atlanta	GA	30339
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6894
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 600.00
Name of Employer Gentiva Health Services Inc.	Occupation RVP - Sales	Bi-weekly deduction \$100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 1730.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/> 26959.90

**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)

PAGE 44 / 51

<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

A.

Full Name (Last, First, Middle Initial)

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Transaction ID: SB21B.6657

Date of Disbursement

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

Mailing Address 3350 RIVERWOOD PKWY
SUITE 1400

City ATLANTA State GA Zip Code 30339

Amount of Each Disbursement this Period

126.63

Purpose of Disbursement
Bank Fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

126.63

TOTAL This Period (last page this line number only)

126.63

**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) XAVIER BECERRA	Transaction ID: SB23.6685 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO BOX 261060	Amount of Each Disbursement this Period 1000.00
	City LOS ANGELES State CA Zip Code 90026	
	Purpose of Disbursement	003 Category/ Type
	Candidate Name XAVIER BECERRA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SHELLEY BERKLEY	Transaction ID: SB23.6683 Date of Disbursement 09 / 23 / 2010
	Mailing Address 3069 CONQUISTA COURT	Amount of Each Disbursement this Period 1000.00
	City LAS VEGAS State NV Zip Code 89121	
	Purpose of Disbursement	003 Category/ Type
	Candidate Name SHELLEY BERKLEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN A BOEHNER	Transaction ID: SB23.6674 Date of Disbursement 09 / 08 / 2010
	Mailing Address 7908 Cincinnati Dayton Road Suite I	Amount of Each Disbursement this Period 2500.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement	003 Category/ Type
	Candidate Name JOHN A BOEHNER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4500.00
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

A.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.6681 Date of Disbursement
	Mailing Address 5905 Wimbledon Ct.	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name DAVID LEE CAMP	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LOIS G CAPPS	Transaction ID: SB23.6676 Date of Disbursement
	Mailing Address 1724 SANTA BARBARA STREET	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City SANTA BARBARA State CA Zip Code 93101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name LOIS G CAPPS	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) A.B. III CHANDLER	Transaction ID: SB23.6693 Date of Disbursement
	Mailing Address P. O. Box 12678	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Lexington State KY Zip Code 40583	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name A.B. III CHANDLER	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) J. PHILLIP GINGREY	Transaction ID: SB23.6666 Date of Disbursement 08 / 11 / 2010
	Mailing Address 632 N. St. Marys Lane	Amount of Each Disbursement this Period 1000.00
	City Marietta State GA Zip Code 30064	
	Purpose of Disbursement	003 Category/Type
	Candidate Name J. PHILLIP GINGREY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WALTER B. JONES	Transaction ID: SB23.6669 Date of Disbursement 09 / 01 / 2010
	Mailing Address Post Office Box 668	Amount of Each Disbursement this Period 1000.00
	City Farmville State NC Zip Code 27828	
	Purpose of Disbursement	003 Category/Type
	Candidate Name WALTER B. JONES	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BLANCHE LAMBERT LINCOLN	Transaction ID: SB23.6678 Date of Disbursement 09 / 17 / 2010
	Mailing Address 707 PLEASANT VALLEY DRIVE #20	Amount of Each Disbursement this Period 1000.00
	City LITTLE ROCK State AR Zip Code 72212	
	Purpose of Disbursement	003 Category/Type
	Candidate Name BLANCHE LAMBERT LINCOLN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

A.	Full Name (Last, First, Middle Initial) MITCH MCCONNELL Mailing Address 2318 DUNDEE ROAD City LOUISVILLE State KY Zip Code 40205 Purpose of Disbursement 003 Candidate Name MITCH MCCONNELL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 00	Transaction ID: SB23.6667 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	1		2	0	1	0													
B.	Full Name (Last, First, Middle Initial) JIM P MCGOVERN Mailing Address 393 BURNCOAT ST City Worcester State MA Zip Code 01606 Purpose of Disbursement 003 Candidate Name JIM P MCGOVERN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 03	Transaction ID: SB23.6682 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	2		2	0	1	0													
C.	Full Name (Last, First, Middle Initial) 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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 06	Transaction ID: SB23.6687 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	3		2	0	1	0													

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; width: 100%;">4500.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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) HARRY REID <hr/> Mailing Address PO BOX 19163 <hr/> City LAS VEGAS State NV Zip Code 89132 <hr/> Purpose of Disbursement <hr/> Candidate Name HARRY REID <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6673 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 003
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00
B. Full Name (Last, First, Middle Initial) PAT ROBERTS <hr/> Mailing Address PO BOX 15 <hr/> City DODGE CITY State KS Zip Code 67801 <hr/> Purpose of Disbursement <hr/> Candidate Name PAT ROBERTS <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6679 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 003
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00
C. Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS <hr/> Mailing Address PO Box 360 PO BOX 374 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement <hr/> Candidate Name MICHAEL AVERY ROSS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6665 Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 003
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

A.	Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS	Transaction ID: SB23.6671 Date of Disbursement
	Mailing Address PO Box 360 PO BOX 374	<input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL AVERY ROSS	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS	Transaction ID: SB23.6672 Date of Disbursement
	Mailing Address PO Box 360 PO BOX 374	<input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL AVERY ROSS	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS	Transaction ID: SB23.6680 Date of Disbursement
	Mailing Address PO Box 360 PO BOX 374	<input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL AVERY ROSS	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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) MICHAEL AVERY ROSS	Transaction ID: SB23.6684 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO Box 360 PO BOX 374	Amount of Each Disbursement this Period 500.00
	City Prescott State AR Zip Code 71857	
	Purpose of Disbursement	003 Category/Type
	Candidate Name MICHAEL AVERY ROSS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) CHRIS VAN HOLLEN	Transaction ID: SB23.6688 Date of Disbursement 09 / 28 / 2010
	Mailing Address 10537 ST PAUL STREET	Amount of Each Disbursement this Period 1000.00
	City KENSINGTON State MD Zip Code 20895	
	Purpose of Disbursement	003 Category/Type
	Candidate Name CHRIS VAN HOLLEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

TOTAL This Period (last page this line number only) ►

28500.00