

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00407080
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 06 06 2006 in the State of MT
(d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 04 01 2006 through 05 17 2006

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

Type or Print Name of Treasurer John Potapchuk

Signature of Treasurer Electronically Filed by John Potapchuk Date 05 17 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
1	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		26621.06
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	29415.06									
(c) Total Receipts (from Line 19)	1314.00	7108.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30729.06	33729.06								
7. Total Disbursements (from Line 31)	4500.00	7500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26229.06	26229.06								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
1	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	646.00	3222.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	668.00	3886.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1314.00	7108.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1314.00	7108.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1314.00	7108.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1314.00	7108.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	4500.00	7500.00
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))..	4500.00	7500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4500.00	7500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	1314.00	7108.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1314.00	7108.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 10 (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

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

<p>A. Full Name (Last, First, Middle Initial) Mara Benner</p> <p>Mailing Address 3 Huntington Quadrangle Suite 200S</p> <p>City State Zip Code Melville NY 11747</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Gentiva Health Services Inc. Occupation: Vice President Government Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6</p> <p>Transaction ID: SA11A1.4383</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction \$25.00 Biweekly</p>
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<p>B. Full Name (Last, First, Middle Initial) Robert Creamer</p> <p>Mailing Address 3 Huntington Quadrangle Suite 200S</p> <p>City State Zip Code Melville NY 11747</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Gentiva Health Services Inc. Occupation: Senior Vice President Home Healthcare</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 285.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6</p> <p>Transaction ID: SA11A1.4387</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Payroll Deduction \$30.00 Biweekly</p>
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<p>C. Full Name (Last, First, Middle Initial) Douglas Dahlgard</p> <p>Mailing Address 3 Huntington Quadrangle Suite 200S</p> <p>City State Zip Code Melville NY 11747</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Gentiva Health Services Inc. Occupation: Vice President Tax</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6</p> <p>Transaction ID: SA11A1.4388</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction \$25.00 Biweekly</p>
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SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Hannah		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4394	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$30.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Information Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. Joanne Kassebaum		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4398	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$40.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. Alfred Lebel		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4399	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 66.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$33.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP - Financial Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00		

SUBTOTAL of Receipts This Page (optional) ▶	206.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James May, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4400
City Melville	State NY	Amount of Each Receipt this Period 60.00
Zip Code 11747		Payroll Deduction \$30.00 Biweekly
FEC ID number of contributing federal political committee. C	Occupation Assistant Vice President Human Res	
Name of Employer Gentiva Health Services Inc.	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	270.00	

Full Name (Last, First, Middle Initial) B. Lynn McGuire		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4402
City Melville	State NY	Amount of Each Receipt this Period 50.00
Zip Code 11747		Payroll Deduction \$25.00 Biweekly
FEC ID number of contributing federal political committee. C	Occupation Branch Director	
Name of Employer Gentiva Health Services Inc.	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	225.00	

Full Name (Last, First, Middle Initial) C. Howard Nolan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4404
City Melville	State NY	Amount of Each Receipt this Period 50.00
Zip Code 11747		Payroll Deduction \$25.00 Biweekly
FEC ID number of contributing federal political committee. C	Occupation VP - Planning & Reporting	
Name of Employer Gentiva Health Services Inc.	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	225.00	

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 10	
	(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)
Stephen Paige

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 Senior Vice President/General Counsel
Inc.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.4405

Amount of Each Receipt this Period
120.00

Payroll Deduction \$60.00
Biweekly

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	646.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 10

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

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

Full Name (Last, First, Middle Initial) A. CONGRESSMAN JOE BARTON COMMITTEE, THE		Transaction ID: SB23.4419
Mailing Address P.O. Box 1444		Date of Disbursement MM / DD / YYYY 05 / 12 / 2006
City Ennis	State TX	Zip Code 75120
Purpose of Disbursement Fundraising Expenses		Amount of Each Disbursement this Period 1000.00
Candidate Name JOE L BARTON		003 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 06		

Full Name (Last, First, Middle Initial) B. FRIENDS OF MAX BAUCUS		Transaction ID: SB23.4415
Mailing Address PO BOX 586		Date of Disbursement MM / DD / YYYY 04 / 14 / 2006
City HELENA	State MT	Zip Code 59624
Purpose of Disbursement Fundraising Expenses		Amount of Each Disbursement this Period 2500.00
Candidate Name MAX BAUCUS		003 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT District: 00		

Full Name (Last, First, Middle Initial) C. HEATHER WILSON FOR CONGRESS		Transaction ID: SB23.4422
Mailing Address P.O. BOX 14070 P.O. BOX 14070		Date of Disbursement MM / DD / YYYY 05 / 12 / 2006
City ALBUQUERQUE	State NM	Zip Code 87191
Purpose of Disbursement Fundraising Expenses		Amount of Each Disbursement this Period 1000.00
Candidate Name HEATHER A. WILSON		003 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM District: 01		

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	4500.00