

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) 3350 RIVERWOOD PKWY
SUITE 1400
 Check if different than previously reported. (ACC)
ATLANTA GA 30339

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

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

5. Covering Period 01 01 2011 through 06 30 2011

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

Type or Print Name of Treasurer Eric Slusser

Signature of Treasurer Electronically Filed by Eric Slusser Date 07 15 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		68804.95
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	68804.95									
(c) Total Receipts (from Line 19)	52303.85	52303.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	121108.80	121108.80								
7. Total Disbursements (from Line 31)	60284.23	60284.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60824.57	60824.57								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	46678.85	46678.85
(ii) Unitemized	5625.00	5625.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	52303.85	52303.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	52303.85	52303.85
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	52303.85	52303.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52303.85	52303.85

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.....	284.23	284.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	284.23	284.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	60000.00
24. Independent 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))..	60284.23	60284.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60284.23	60284.23

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

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

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

FOR LINE NUMBER: PAGE 6 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Area Director Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7606
Amount of Each Receipt this Period 325.00
Bi-weekly payroll deduction \$25

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7607
Amount of Each Receipt this Period 520.00
Bi-weekly payroll deduction \$40

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7609
Amount of Each Receipt this Period 325.00
Bi-weekly payroll deduction \$25

SUBTOTAL of Receipts This Page (optional) ► 1170.00

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Jeffrey Barr		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7610
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 ▼	<input type="text" value="400.00"/>
			Bi-weekly payroll deducti- on \$25

B.	Full Name (Last, First, Middle Initial) Selece Beasley		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7611
Name of Employer Gentiva		Occupation Director Compliance	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" value="260.00"/>
			Bi-weekly payroll deducti- on \$20

C.	Full Name (Last, First, Middle Initial) Mara Benner		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7612
Name of Employer Gentiva Health Services Inc.		Occupation Vice President Government Affairs	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" value="1950.00"/>
			Bi-weekly payroll deducti- on \$150

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2610.00"/>
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: (check only one)	PAGE 8 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

SUBTOTAL of Receipts This Page (optional)	▶	1170.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Terri Blevins		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7617		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 390.00	
	FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction \$30		
	Name of Employer Gentiva	Occupation VP - Clinical Ops	Aggregate Year-to-Date 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Shane Brinkerhoff		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7618		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 325.00	
	FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction \$25		
	Name of Employer Gentiva	Occupation AVP - Operations	Aggregate Year-to-Date 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Stacy Bromell		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7619		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 325.00	
	FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction \$25		
	Name of Employer Gentiva	Occupation AVP	Aggregate Year-to-Date 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1040.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 49

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Adam Brooks

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 Director - Regional Rehab

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
455.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7620

Amount of Each Receipt this Period

455.00

Bi-weekly payroll deduction \$35

B.

Full Name (Last, First, Middle Initial)

Robert Brunson

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 Health Services Inc. AVP - Sales

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7621

Amount of Each Receipt this Period

520.00

Bi-weekly payroll deduction \$40

C.

Full Name (Last, First, Middle Initial)

John Camperlengo

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City State Zip Code
Atlanta GA 33039

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

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

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7623

Amount of Each Receipt this Period

325.00

Bi-weekly payroll deduction \$25

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 49

(check only one)

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

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

A.

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 ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7626

Amount of Each Receipt this Period

1300.00

Bi-weekly payroll deducti-
on \$100

B.

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 ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7629

Amount of Each Receipt this Period

325.00

Bi-weekly payroll deducti-
on \$25

C.

Full Name (Last, First, Middle Initial)
Michael Craig

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 ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7630

Amount of Each Receipt this Period

325.00

Bi-weekly payroll deducti-
on \$25

SUBTOTAL of Receipts This Page (optional) ▶

1950.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 49
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

A.

Full Name (Last, First, Middle Initial) Barbara Cundiff		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7631
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Gentiva Health Services Inc.	Occupation Area Director	Bi-weekly payroll deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.

Full Name (Last, First, Middle Initial) Patrick Cunningham		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7632
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Gentiva	Occupation AVP - Reg Affairs	Bi-weekly payroll deduction \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) David Cygan		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7633
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 494.00
Name of Employer Gentiva	Occupation VP - Marketing	Bi-weekly payroll deduction \$38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

SUBTOTAL of Receipts This Page (optional)	▶	1079.00
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 / 49
(check only one)

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

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

A.

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 ▼ 300.00

Date of Receipt 06 / 30 / 2011

Transaction ID: SA11AI.7636

Amount of Each Receipt this Period 300.00

Bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Catherine Deveer

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011

Transaction ID: SA11AI.7637

Amount of Each Receipt this Period 325.00

Bi-weekly payroll deduction \$25

C.

Full Name (Last, First, Middle Initial)
Indy Edwards

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 ▼ 910.00

Date of Receipt 06 / 30 / 2011

Transaction ID: SA11AI.7638

Amount of Each Receipt this Period 910.00

Bi-weekly payroll deduction \$70

SUBTOTAL of Receipts This Page (optional) ► 1535.00

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 / 49

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mary Elkin

Mailing Address 3350 Riverwood Pkwy

City State Zip Code
Atlanta GA 30339

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

Name of Employer Occupation
Gentiva AVP - Sales Support

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7639

Amount of Each Receipt this Period

520.00

Bi-weekly payroll deduction \$40

B.

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

Mailing Address 3350 Riverwood Pkwy

City State Zip Code
Atlanta GA 30339

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

Name of Employer Occupation
Gentiva AVP - Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7642

Amount of Each Receipt this Period

325.00

Bi-weekly payroll deduction \$25

C.

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

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 Dir - Clinical Ops & Svcs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7643

Amount of Each Receipt this Period

260.00

Bi-weekly payroll deduction \$20

SUBTOTAL of Receipts This Page (optional)

1105.00

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 15 / 49

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dave Gieringer

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 Health Services Vice President Acctg / Controller
Inc.

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 975.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7644

Amount of Each Receipt this Period

975.00

Bi-weekly payroll deduction \$75

B.

Full Name (Last, First, Middle Initial)
Teresa Gregory

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 Health Services AVP - Operations
Inc.

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7646

Amount of Each Receipt this Period

260.00

Bi-weekly payroll deduction \$20

C.

Full Name (Last, First, Middle Initial)
Michael Grieco

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 Health Services AVP - Finance
Inc.

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7647

Amount of Each Receipt this Period

520.00

Bi-weekly payroll deduction \$40

SUBTOTAL of Receipts This Page (optional)

1755.00

TOTAL This Period (last page this line number only)

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

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

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

A.	Full Name (Last, First, Middle Initial) Nancy Guerland	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7648
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$40
	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 ▼ 520.00	

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

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

SUBTOTAL of Receipts This Page (optional)	1430.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Teresa Harrell		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7654
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Gentiva	Occupation Regional Director - HR	Bi-weekly payroll deduction \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B.

Full Name (Last, First, Middle Initial) Jane Heideman		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7657
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 585.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Accounting	Bi-weekly payroll deduction \$45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

C.

Full Name (Last, First, Middle Initial) Timothy Hock		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7659
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00
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 ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	1525.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation HR Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7660
 Amount of Each Receipt this Period 390.00
 Bi-weekly payroll deduction \$30

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7661
 Amount of Each Receipt this Period 260.00
 Bi-weekly payroll deduction \$20

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7662
 Amount of Each Receipt this Period 520.00
 Bi-weekly payroll deduction \$40

SUBTOTAL of Receipts This Page (optional) ► 1170.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mark Hunt

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation RVP - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7663
Amount of Each Receipt this Period 520.00
Bi-weekly payroll deduction \$40

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7664
Amount of Each Receipt this Period 650.00
Bi-weekly payroll deduction \$50

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Division VP - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7668
Amount of Each Receipt this Period 650.00
Bi-weekly payroll deduction \$50

SUBTOTAL of Receipts This Page (optional) ► 1820.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Karr

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation VP - Compensation & Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7672
Amount of Each Receipt this Period 650.00
Bi-weekly payroll deduction \$50

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7673
Amount of Each Receipt this Period 390.00
Bi-weekly payroll deduction \$30

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7676
Amount of Each Receipt this Period 325.00
Bi-weekly payroll deduction \$25

SUBTOTAL of Receipts This Page (optional) ► 1365.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rebecca Knight

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.7677
 Amount of Each Receipt this Period: 520.00
 Bi-weekly payroll deduction \$40

B. 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 ▼ 325.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.7678
 Amount of Each Receipt this Period: 325.00
 Bi-weekly payroll deduction \$25

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 ▼ 390.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.7681
 Amount of Each Receipt this Period: 390.00
 Bi-weekly payroll deduction \$30

SUBTOTAL of Receipts This Page (optional) ► 1235.00

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

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

A.	Full Name (Last, First, Middle Initial) Robert Little	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7682
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll 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 ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) Christopher Macinnis	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7683
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 780.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll 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 ▼ 780.00	

C.	Full Name (Last, First, Middle Initial) Lawrence Marion	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7684
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$25
	Name of Employer Gentiva Occupation Area Director Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	1625.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kevin Marrazzo	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7685
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Gentiva Health Services Inc. Occupation: Assistant Vice President Legal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 700.00	

B.	Full Name (Last, First, Middle Initial) Rosa Mascardi	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7687
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll 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: 260.00	

C.	Full Name (Last, First, Middle Initial) Robert Maynard	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7688
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll 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: 650.00	

SUBTOTAL of Receipts This Page (optional)	1610.00
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 24 / 49
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

A.

Full Name (Last, First, Middle Initial)
Michelle Mazzonetto

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011

Transaction ID: SA11AI.7689

Amount of Each Receipt this Period 260.00

Bi-weekly payroll deduction \$20

B.

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 ▼ 260.00

Date of Receipt 06 / 30 / 2011

Transaction ID: SA11AI.7694

Amount of Each Receipt this Period 260.00

Bi-weekly payroll deduction \$20

C.

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 ▼ 650.00

Date of Receipt 06 / 30 / 2011

Transaction ID: SA11AI.7696

Amount of Each Receipt this Period 650.00

Bi-weekly payroll deduction \$50

SUBTOTAL of Receipts This Page (optional) ► 1170.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Constance Mrosek	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7697
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll 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 ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Mary Muchow	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7698
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 390.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll 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 ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Deana Murphy	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7699
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll 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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	1365.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 26 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Karen Negri

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7701
Amount of Each Receipt this Period 325.00
Bi-weekly payroll deduction \$25

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Dir - Regional Rehab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7704
Amount of Each Receipt this Period 260.00
Bi-weekly payroll deduction \$20

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7707
Amount of Each Receipt this Period 260.00
Bi-weekly payroll deduction \$20

SUBTOTAL of Receipts This Page (optional) ► 845.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Stephen Paige		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7708
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

B.

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

C.

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

SUBTOTAL of Receipts This Page (optional)	▶	1030.00
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 28 / 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Patricia Phillips		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7711
	City Atlanta	State GA	Zip Code 30339
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 520.00
	Name of Employer Gentiva	Occupation AVP - Operations	Bi-weekly payroll deduction \$40

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Samuel Proctor		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7714
	City Atlanta	State GA	Zip Code 30339
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 520.00
	Name of Employer Gentiva	Occupation AVP - Benefits & HR Svc Ctr	Bi-weekly payroll deduction \$40

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Robert Radics		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.7716
	City Atlanta	State GA	Zip Code 30339
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
	Name of Employer Gentiva	Occupation AVP - Business Initiatives	Bi-weekly payroll deduction \$20

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00
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SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 29 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7718
Amount of Each Receipt this Period 260.00
Bi-weekly payroll deduction \$20

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Director Regional Rehab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7719
Amount of Each Receipt this Period 390.00
Bi-weekly payroll deduction \$30

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.05

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7720
Amount of Each Receipt this Period 375.05
Bi-weekly payroll deduction \$28.85

SUBTOTAL of Receipts This Page (optional) ► 1025.05

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

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

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

FOR LINE NUMBER: PAGE 30 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 520.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.7724
Amount of Each Receipt this Period: 520.00
Bi-weekly payroll deduction \$40

B. 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 ▼ 325.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.7725
Amount of Each Receipt this Period: 325.00
Bi-weekly payroll deduction \$25

C. 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 ▼ 1950.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.7726
Amount of Each Receipt this Period: 1950.00
Bi-weekly payroll deduction \$150

SUBTOTAL of Receipts This Page (optional) ► 2795.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paula Shoemaker		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7728
Name of Employer Gentiva		Occupation VP - Sales Support & Marketing	Amount of Each Receipt this Period <input type="text" value="520.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	Bi-weekly payroll deduction \$40

B.	Full Name (Last, First, Middle Initial) Eric Slusser		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7731
Name of Employer Gentiva		Occupation Treasurer	Amount of Each Receipt this Period <input type="text" value="1300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1300.00"/>	Bi-weekly payroll deduction \$100

C.	Full Name (Last, First, Middle Initial) Joey Spearman		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7732
Name of Employer Gentiva		Occupation AVP - Sales	Amount of Each Receipt this Period <input type="text" value="520.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	Bi-weekly payroll deduction \$40

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2340.00"/>
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: (check only one)	PAGE 32 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Frederick Spight	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7733
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 585.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$45
	Name of Employer Gentiva Occupation AVP - Purchasing & Supply Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 585.00	

B.	Full Name (Last, First, Middle Initial) Paul Stein	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7734
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$50
	Name of Employer Gentiva Occupation VP - IS 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) Harmon Strange	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.7736
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 384.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer Gentiva Health Services Inc. Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 384.80	

SUBTOTAL of Receipts This Page (optional)	1619.80
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 33 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7738
 Amount of Each Receipt this Period 520.00
 Bi-weekly payroll deduction \$40

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Director - Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7739
 Amount of Each Receipt this Period 455.00
 Bi-weekly payroll deduction \$35

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation RVP - Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.7741
 Amount of Each Receipt this Period 520.00
 Bi-weekly payroll deduction \$40

SUBTOTAL of Receipts This Page (optional) ► 1495.00

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

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

A. Full Name (Last, First, Middle Initial)
Gena Wagner

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.7745
Amount of Each Receipt this Period: 650.00
Bi-weekly payroll deduction \$50

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.7746
Amount of Each Receipt this Period: 1300.00
Bi-weekly payroll deduction \$100

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

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer: Gentiva Occupation: AVP - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.7747
Amount of Each Receipt this Period: 325.00
Bi-weekly payroll deduction \$25

SUBTOTAL of Receipts This Page (optional) ► 2275.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Cheryl White		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 06 / 30 / 2011
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7748
Name of Employer Gentiva		Occupation Area Director 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 ▼ 650.00	650.00
		Bi-weekly payroll deduction \$50	

B.	Full Name (Last, First, Middle Initial) Melissa Wilbanks		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 06 / 30 / 2011
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7749
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 ▼ 325.00	325.00
		Bi-weekly payroll deduction \$25	

C.	Full Name (Last, First, Middle Initial) Douglas Wray		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 06 / 30 / 2011
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7751
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 ▼ 650.00	650.00
		Bi-weekly payroll deduction \$50	

SUBTOTAL of Receipts This Page (optional)	1625.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 36 / 49	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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		M M / D D / Y Y Y Y 06 / 30 / 2011		
	City Atlanta	State GA	Zip Code 30339	Transaction ID: SA11AI.7753	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00		
	Name of Employer Gentiva Health Services Inc.	Occupation RVP - Sales	Bi-weekly payroll deduction on \$100		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00			

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	46678.85

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 49

<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.7599

Date of Disbursement

Mailing Address 3350 RIVERWOOD PKWY
SUITE 1400

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	6		3	0		2	0	1	1

City ATLANTA State GA Zip Code 30339

Amount of Each Disbursement this Period

284.23

Purpose of Disbursement
Bank fees

--

Candidate Name
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

284.23

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

284.23

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MAX BAUCUS	Transaction ID: SB23.7576 Date of Disbursement 05 / 09 / 2011
	Mailing Address PO BOX 586	
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	003 Category/ Type
	Candidate Name MAX BAUCUS	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.7563 Date of Disbursement 03 / 29 / 2011
	Mailing Address 5905 Wimbledon Ct.	
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	003 Category/ Type
	Candidate Name DAVID LEE CAMP	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.7574 Date of Disbursement 04 / 26 / 2011
	Mailing Address 5905 Wimbledon Ct.	
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	003 Category/ Type
	Candidate Name DAVID LEE CAMP	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input 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) DAVID LEE CAMP	Transaction ID: SB23.7587 Date of Disbursement 05 / 25 / 2011
	Mailing Address 5905 Wimbledon Ct.	Amount of Each Disbursement this Period 3000.00
	City Midland State MI Zip Code 48642	
	Purpose of Disbursement	003 Category/Type
	Candidate Name DAVID LEE CAMP	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.7588 Date of Disbursement 05 / 25 / 2011
	Mailing Address 5905 Wimbledon Ct.	Amount of Each Disbursement this Period 2000.00
	City Midland State MI Zip Code 48642	
	Purpose of Disbursement	003 Category/Type
	Candidate Name DAVID LEE CAMP	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.7595 Date of Disbursement 06 / 23 / 2011
	Mailing Address 5905 Wimbledon Ct.	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48642	
	Purpose of Disbursement	003 Category/Type
	Candidate Name DAVID LEE CAMP	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 1000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ERIC CANTOR</p> <p>Mailing Address 6004 OXBURY CT.</p> <p>City GLEN ALLEN State VA Zip Code 23059</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name ERIC CANTOR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07</p>	<p>Transaction ID: SB23.7581 Date of Disbursement 05 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LOIS G CAPPS</p> <p>Mailing Address 1724 SANTA BARBARA STREET</p> <p>City SANTA BARBARA State CA Zip Code 93101</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name LOIS G CAPPS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 23</p>	<p>Transaction ID: SB23.7596 Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) THOMAS R CARPER</p> <p>Mailing Address 600 WEST MATSON RUN PARKWAY</p> <p>City WILMINGTON State DE Zip Code 19802</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name THOMAS R CARPER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District: 00</p>	<p>Transaction ID: SB23.7585 Date of Disbursement 05 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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) A.B. III CHANDLER	Transaction ID: SB23.7583 Date of Disbursement																			
	Mailing Address P. O. Box 12678	<table border="1"><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>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	9		2	0	1	1												
	City Lexington State KY Zip Code 40583	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name A.B. III CHANDLER	003 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) SUSAN M COLLINS	Transaction ID: SB23.7572 Date of Disbursement																			
	Mailing Address 175 CLYDE ROAD	<table border="1"><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>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	1												
	City BANGOR State ME Zip Code 04401	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name SUSAN M COLLINS	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) ROBERT P JR CORKER	Transaction ID: SB23.7589 Date of Disbursement																			
	Mailing Address 832 GEORGIA AVE STE 221	<table border="1"><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>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	6		2	0	1	1												
	City CHATTANOOGA State TN Zip Code 37402	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name ROBERT P JR CORKER	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**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: SB23.7554 Date of Disbursement 01 / 20 / 2011
	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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) J. PHILLIP GINGREY	Transaction ID: SB23.7580 Date of Disbursement 05 / 16 / 2011
	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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) H MORGAN GRIFFITH	Transaction ID: SB23.7564 Date of Disbursement 03 / 29 / 2011
	Mailing Address PO BOX 361	Amount of Each Disbursement this Period 1000.00
	City CHRISTIANSBURG State VA Zip Code 24068	
	Purpose of Disbursement	003 Category/ Type
	Candidate Name H MORGAN GRIFFITH	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input 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

<p>A. Full Name (Last, First, Middle Initial) H MORGAN GRIFFITH</p> <p>Mailing Address PO BOX 361</p> <p>City CHRISTIANSBURG State VA Zip Code 24068</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name H MORGAN GRIFFITH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: VA District: 09</p>	<p>Transaction ID: SB23.7592</p> <p>Date of Disbursement 06 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ORRIN G HATCH</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name ORRIN G HATCH</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: UT District: 00</p>	<p>Transaction ID: SB23.7557</p> <p>Date of Disbursement 03 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) JOHN H SR LEWIS</p> <p>Mailing Address 103 SEWANNEE AVE N W</p> <p>City ATLANTA State GA Zip Code 30314</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name JOHN H SR LEWIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 05</p>	<p>Transaction ID: SB23.7556</p> <p>Date of Disbursement 03 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

<p>A. Full Name (Last, First, Middle Initial) JIM P MCGOVERN</p> <p>Mailing Address 393 BURNCOAT ST</p> <p>City Worcester State MA Zip Code 01606</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name JIM P MCGOVERN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7577</p> <p>Date of Disbursement 05 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DAVID B MCKINLEY</p> <p>Mailing Address 23 STAMM LANE</p> <p>City WHEELING State WV Zip Code 26003</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name DAVID B MCKINLEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7566</p> <p>Date of Disbursement 03 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DAVID B MCKINLEY</p> <p>Mailing Address 23 STAMM LANE</p> <p>City WHEELING State WV Zip Code 26003</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name DAVID B MCKINLEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7591</p> <p>Date of Disbursement 06 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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) BILL NELSON	Transaction ID: SB23.7560 Date of Disbursement																			
	Mailing Address 2234 OSPREY AVE	<table border="1"><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>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	1												
	City ORLANDO State FL Zip Code 32814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name BILL NELSON	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) BILL NELSON	Transaction ID: SB23.7562 Date of Disbursement																			
	Mailing Address 2234 OSPREY AVE	<table border="1"><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>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	1												
	City ORLANDO State FL Zip Code 32814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name BILL NELSON	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) BILL NELSON	Transaction ID: SB23.7571 Date of Disbursement																			
	Mailing Address 2234 OSPREY AVE	<table border="1"><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>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	1												
	City ORLANDO State FL Zip Code 32814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name BILL NELSON	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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) THOMAS EDMUNDS PRICE	Transaction ID: SB23.7579 Date of Disbursement 05 / 13 / 2011
	Mailing Address P.O. Box 425	Amount of Each Disbursement this Period 1500.00
	City Roswell State GA Zip Code 30077	
	Purpose of Disbursement	003 Category/Type
	Candidate Name THOMAS EDMUNDS PRICE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS	Transaction ID: SB23.7569 Date of Disbursement 04 / 12 / 2011
	Mailing Address P.O. Box 425	Amount of Each Disbursement this Period 5000.00
	City Roswell State GA Zip Code 30077	
	Purpose of Disbursement	003 Category/Type
	Candidate Name PRICE FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAT ROBERTS	Transaction ID: SB23.7597 Date of Disbursement 06 / 23 / 2011
	Mailing Address PO BOX 15	Amount of Each Disbursement this Period 1000.00
	City DODGE CITY State KS Zip Code 67801	
	Purpose of Disbursement	003 Category/Type
	Candidate Name PAT ROBERTS	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PAT ROBERTS	Transaction ID: SB23.7598 Date of Disbursement 06 / 27 / 2011
	Mailing Address PO BOX 15	Amount of Each Disbursement this Period 1000.00
	City DODGE CITY State KS Zip Code 67801	
	Purpose of Disbursement	003 Category/Type
	Candidate Name PAT ROBERTS	
	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) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS	Transaction ID: SB23.7555 Date of Disbursement 02 / 25 / 2011
	Mailing Address PO Box 360 PO BOX 374	Amount of Each Disbursement this Period 2000.00
	City Prescott State AR Zip Code 71857	
	Purpose of Disbursement	003 Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS	Transaction ID: SB23.7573 Date of Disbursement 04 / 25 / 2011
	Mailing Address PO Box 360 PO BOX 374	Amount of Each Disbursement this Period 1000.00
	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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
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: SB23.7575 Date of Disbursement																			
	Mailing Address PO Box 360 PO BOX 374	<table border="1"><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>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	1												
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name MICHAEL AVERY ROSS	003 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) OLYMPIA J SNOWE	Transaction ID: SB23.7553 Date of Disbursement																			
	Mailing Address PO BOX 2006	<table border="1"><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>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
	City SOUTH PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name OLYMPIA J SNOWE	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) OLYMPIA J SNOWE	Transaction ID: SB23.7578 Date of Disbursement																			
	Mailing Address PO BOX 2006	<table border="1"><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>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	9		2	0	1	1												
	City SOUTH PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name OLYMPIA J SNOWE	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00
2500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**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 49 / 49

<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) DEBBIE MS STABENOW		Transaction ID: SB23.7593	
	Mailing Address 7143 STEEPLE CHASE		Date of Disbursement 06 / 09 / 2011	
	City LANSING	State MI	Zip Code 48917	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement		003	
	Candidate Name DEBBIE MS STABENOW		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: MI	District: 00		

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

60000.00