04/14/2010 13:33

Image# 10930501360

FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

ġ		For C	Other Than An	Authorize	d Committe	ee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		FEC MAILING LAE YPE OR PRINT		ample:If typing er the lines	, type	• • • •]	
Ш	GENTIVA HEALTH SERVIC	CES IN	C PAC GENTIVAP	AC						
Ш				1 1 1 1				1 1 1 1		
ADI	DRESS (number and street)	33	50 RIVERWOOD I	PKWY				1 1 1 1		
Ė	Check if different	SL	JITE 1400							
X	than previously reported. (ACC)	L AT	LANTA				GA _	303	39 	
2.	FEC IDENTIFICATION NUM	IBER	~	CITY 🛕		5	STATEA	Z	PCODE A	
	C00407080]	3. IS THIS REPORT		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b	O) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	H	ug 20 (M8)	Nov 20 (Non-El Year Or	nly)
	(a) Quarterly Reports:			Mar 20 (M3)	' <mark>Н</mark> ,	Jun 20 (M6)	Se	ep 20 (M9)	Dec 20 (Non-El Year Or	ection '
	April 15			Apr 20 (M4)		Jul 20 (M7)	00	ct 20 (M10)	Jan 31	(YE)
	Quarterly Report(C		(c) 12-Day		Primary (12P	P)	Genera	l (12G)	Runoff	(12R)
	Quarterly Report(CO) October 15 Quarterly Report(CO)	,	PRE -Election Report for t		Convention (12C)	Special	(12G)		
	X January 31 Quarterly Report(Y		E	Election on					n the State of	
	July 31 Mid-Year Report(Non-electic Year Only) (MY)		(d) 30-Day Post -Elect		General (300	G)	Runoff	(30R)	Specia	I (30S)
	Termination Repor (TER)	t	·	Election on					n the State of	
5.	Covering Period 0	7	01 200	9	through	12	31	2009		
	ertify that I have examined this be or Print Name of Treasurer		and to the best of r	ny knowledge	and belief it is	true, correct a	and complete	э.		
1 96	or or thin Name of Treasurer									
Sig	nature of Treasurer Electro	onically	Filed by Eric Slu	sser		D	ate 0	4 1 4	2010	
NO	TE : Submission of false, erro	neous,	or incomplete infor	mation may su	ubject the pers	on signing this	s Report to t	he penalties o	f 2 U.S.C 437ç	j.
	Office Use								FORM 3X 12/2004)	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/26

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

D D " D 07 0 1 2009 12 31 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 27133.96 January 1 (b) Cash on Hand at 26109.51 Begining of Reporting Period 18227.00 33842.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 44336.51 60975.96 6(a) and 6(c) for Column B) 26700.99 43340.44 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 17635.52 17635.52 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 26

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period:

From:

м м 0 7 ^D 0 1

2009

то.

м м 1 2 D D 31

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	15145.00	26645.50
	(ii) Unitemized	3082.00	7196.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	18227.00	33842.00
(1	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs) d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18227.00	33842.00
	ransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>P</i>	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
Ì	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(1	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	18227.00	33842.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	18227.00	33842.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 26

II. DISBURS	EMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expendit (a) Shared Federa 			
Activity (from S		0.00	0.00
(i) Federal S	hare	0.00	0.00
(ii) Non-Fede	eral Share	0.00	0.00
(b) Other Federal	Operating	200.99	340.44
(c) Total Operatin			
	a)(ii) and (b))	200.99	340.44
Transfers to Affiliate Committees	ed/Other Party	0.00	0.00
Contributions to			
	/Committees	26500.00	43000.00
		0.00	0.00
 Coordinated Expending Committees (2 U.S. Chedule F) 	ditures Made by Party .C. 441a(d))	0.00	0.00
		0.00	0.00
i. Loan Repayments I	Made	0.00	0.00
7. Loans Made	utions To:	0.00	0.00
(a) Individuals/Per		0.00	0.00
(b) Political Party	Committees	0.00	0.00
(c) Other Political			0.00
· · ·	ion Defunds	0.00	0.00
· /	a), (b), and (c))	0.00	0.00
Other Disbursemen	ts	0.00	0.00
. Federal Election Ac	etivity (2 U.S.C 431(20))		
(a) Shared Federa			
(from Schedule	H6)	0.00	0.00
(i) Federal Sha	re	0.00	0.00
(ii) "Levin" Sha	are	0.00	0.00
` '	n Activity Paid Entirely unds	0.00	0.00
` '	Election Activity (add , 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursemer	nts (add Lines 21(c), 22,		
23, 24, 25, 26, 27,	28(d), 29 and 30(c))	26700.99	43340.44
2. Total Federal Disb	pursements		
,	a)(ii) and Line 30(a)(ii)	00=00	10010 ::
from Line 31)		26700.99	43340.44

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	18227.00	33842.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	18227.00	33842.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	200.99	340.44
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	200.99	340.44

FE6AN026

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 26 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
GENTIVA HEALTH SERVICES INC	PAC GENTIVAPAC	
Full Name (Last, First, Middle Initial) John Aurelio Mailing Address 3350 Riverwood Pkw	у	Date of Receipt 1 2 3 1 2 2 0 0 9
Ste 1400 City	State Zip Code	Transaction ID: SA11AI.5580
Atlanta	GA 30339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	195.00
Name of Employer Gentiva Health Services Inc.	Occupation Regional VP Nursing Operations	PAYROLL DEDUCTION \$15 BI- WEEKLY
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00]
Full Name (Last, First, Middle Initial) Brian Bacon Mailing Address 3350 Riverwood Pkw	N	Date of Receipt
Ste 1400	у	12 31 2009
City	State Zip Code	Transaction ID: SA11AI.5584
<u>Atlanta</u>	GA 30339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	195.00
Name of Employer Gentiva Health Services Inc.	Occupation Branch Director	PAYROLL DEDUCTION \$15 BI- WEEKLY
Receipt For: Primary General	Aggregate Year-to-Date ▼ 390.00	1
Other (specify)	390.00	
Full Name (Last, First, Middle Initial) Mara Benner		Date of Receipt
Mailing Address 3350 Riverwood Pkw Ste 1400	у	12 31 7 9 9
City	State Zip Code	Transaction ID: SA11AI.5585
Atlanta	GA 30339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2950.00
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Government Affairs	PAYROLL DEDUCTION \$150 BI- WEEKLY
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	4900.00]
CURTOTAL of Descripts This Descriptoral		3340.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC	Statements may not be sold or used by any persone name and address of any political committee to PAC GENTIVAPAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Judy Bernath Mailing Address 3350 Riverwood Pkw Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	State Zip Code GA 30339 C Occupation Area Director Aggregate Year-to-Date 520.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Robert Brunson Mailing Address 3350 Riverwood Pkw Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	State Zip Code GA 30339 C Occupation AVP - Sales Aggregate Year-to-Date 390.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Linda Byler Mailing Address 3350 Riverwood Pkw Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code GA 30339 C Occupation Branch Director Aggregate Year-to-Date 260.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		585.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and Si	totomonte ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or	ny information copied from Such Reports and Sifer commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PA	name and add	dress of any political committee to s	solicit contributions from such committee.
∠ .	Full Name (Last, First, Middle Initial) John Camperlengo Mailing Address 3350 Riverwood Pkwy Ste 1400	Stata	Zip Code	Date of Receipt 1 2 3 1 2 2 0 0 9
	City Atlanta	State GA	33039	Transaction ID: SA11AI.5592 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer Gentiva Health Services, Inc. Receipt For: Primary General Other (specify) ▼	. ' 	n cO & Deputy General Counsel e Year-to-Date ▼ 375.00	PAYROLL DEDUCTION \$25 BI- WEEKLY
3.	Full Name (Last, First, Middle Initial) Bruce Carter Mailing Address 3 Huntington Quadrance Suite 200S	gle		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.5593
	Melville	NY	11747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer Gentiva Health Services Inc. Receipt For:	Occupation RVP - Or	perations	PAYROLL DEDUCTION \$40 BI- WEEKLY
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	
	Full Name (Last, First, Middle Initial) Pete Cavanaugh Mailing Address 3350 Riverwood Pkwy			Date of Receipt
	Ste 1400			12 31 2009
	City	State	Zip Code	Transaction ID: SA11AI.5597
	Atlanta FEC ID number of contributing federal political committee.	GA	30339	Amount of Each Receipt this Period 130.00
	Name of Employer Gentiva Health Services Inc.	. '	t Vice President Financial Op	PAYROLL DEDUCTION \$10 BI- WEEKLY s
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		715.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 26 (check only one) X 11a
Any information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC	ame and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Barbara Cundiff Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	State GA C Occupation Area Direct Aggregate Y	Zip Code 30339 tor ear-to-Date ▼ 260.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Douglas Dahlgard Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	State GA C Occupation Vice Presid Aggregate Y	Zip Code 30339 dent Tax ear-to-Date ▼ 780.00	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: SA11AI.5600 Amount of Each Receipt this Period 455.00 PAYROLL DEDUCTION \$35 BI-WEEKLY
Full Name (Last, First, Middle Initial) Rexanne Domico Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)		Zip Code 30339 a Consulting year-to-Date ▼ 260.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)			715.00

SCHEDULE A (FECI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 26 (check only one) X 11a
Any information copied from suc or for commercial purposes, other NAME OF COMMITTEE (In GENTIVA HEALTH SER	er than using the name and Full)	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Dave Gieringer		Zip Code 30339	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: SA11AI.5609 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary Gene Other (specify) ▼	Occupa Vice P Aggreg	ation resident Acctg / Controller rate Year-to-Date 740.00	PAYROLL DEDUCTION \$75 BI-WEEKLY
Full Name (Last, First, Middle Claire Gold Mailing Address 3350 Riv Ste 1400 City Atlanta FEC ID number of contributin federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary Gene Other (specify)	erwood Pkwy State GA C Occupa Manag Aggreg	Zip Code 30339 ation ger Therapy Practice ate Year-to-Date ▼ 260.00	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: SA11AI.5610 Amount of Each Receipt this Period 130.00 PAYROLL DEDUCTION \$10 BI-WEEKLY
Full Name (Last, First, Middle Nancy Guerland Mailing Address 3350 Riv Ste 1400 City Atlanta FEC ID number of contributin federal political committee. Name of Employer Gentiva Receipt For: Primary Gene Other (specify)	g C Occupa AVP -	Zip Code 30339 attion Operations late Year-to-Date ▼ 240.00	Date of Receipt M M 2 0 0 9
SUBTOTAL of Receipts This P	age (optional)		850.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 26 (check only one) X
Any information copied from such Reports and State or for commercial purposes, other than using the report of NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PA	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Monica Hullinger Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services, Inc. Receipt For: Primary General Other (specify)	-	Zip Code 30339 ne Health Operations Year-to-Date ▼ 520.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mary Jalwan Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	State GA C Occupation RVP Sale Aggregate		Date of Receipt M
Full Name (Last, First, Middle Initial) Brenda Junior Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	State GA C Occupation Branch D Aggregate		Date of Receipt M
SUBTOTAL of Receipts This Page (optional)			620.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENTIVA HEALTH SERVICES INC PA	AC GENTIVA	APAC	
	Full Name (Last, First, Middle Initial) Marta Knowles			Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400			12 31 2009
	City	State	Zip Code	Transaction ID: SA11AI.5636
	Atlanta	GA	30339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Gentiva	Occupation Project C	n oordinator	Payroll deduction \$50 bi- weekly
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) Julie Lalli			Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400			12 31 7 2009
	City Atlanta	State GA	Zip Code 30339	Transaction ID: SA11AI.5638 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30339	130.00
	Name of Employer Gentiva Health Services, Inc.	Occupation Branch D		Payroll Deduction \$10 bi- weekly
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
	Full Name (Last, First, Middle Initial) David Lampron			Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400			12 31 7 2009
	City Atlanta	State GA	Zip Code 30339	Transaction ID: SA11AI.5639 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		130.00
	Name of Employer Gentiva Health Services Inc.	Occupation Branch D		Payroll Deduction \$10 bi- weekly
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
ſ,	SUBTOTAL of Receipts This Page (optional)			860.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 26 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JoAnne Little Mailing Address 3350 Riverwood Pkw	/y		Date of Receipt
Ste 1400 City Atlanta	State GA	Zip Code 30339	Transaction ID: SA11AI.5641 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		390.00
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	1 1001 0101	n neral Counsel Year-to-Date 780.00	Payroll Deduction \$30 bi- weekly
Full Name (Last, First, Middle Initial) Daniel Locker Mailing Address 3350 Riverwood Pkw Ste 1400	у		Date of Receipt 1 2 3 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.5644
Atlanta	GA	30339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		154.00
Name of Employer Gentiva Health Services Inc.	_, ' _ <u> </u>	Vice President Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 654.50	
Full Name (Last, First, Middle Initial) Mary Muchow			Date of Receipt
Mailing Address 3350 Riverwood Pkw Ste 1400		7:01	12 31 2009
City Atlanta	State GA	Zip Code 30339	Transaction ID: SA11AI.5656 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		260.00
Name of Employer Gentiva Health Services Inc.		Field Audit	Payroll Deduction \$20 bi- weekly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional)	1		804.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 26 (check only one) X
Any information copied from such Repror for commercial purposes, other than NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICE	orts and Statements may not be sold or used by any personal using the name and address of any political committee to S INC PAC GENTIVAPAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial Margo Nemet Mailing Address 3350 Riverwood Ste 1400	,	Date of Receipt 1 2 3 1 2 2 0 0 9
City Atlanta FEC ID number of contributing	State Zip Code GA 30339	Transaction ID: SA11AI.5658 Amount of Each Receipt this Period 156.00
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation Director Compliance Services Aggregate Year-to-Date 312.00	Payroll Deduction \$12 bi-weekly
Full Name (Last, First, Middle Initial Stephen Paige Mailing Address 3350 Riverwood Ste 1400 City Atlanta	,	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice Preisdent/General Couns Aggregate Year-to-Date 1560.00	Payroll Deduction \$60 bi-weekly
Full Name (Last, First, Middle Initial Todd Sexe Mailing Address 3350 Riverwood Ste 1400		Date of Receipt 1 2 3 1 2 0 0 9
City Atlanta FEC ID number of contributing federal political committee.	State Zip Code GA 30339	Transaction ID: SA11AI.5669 Amount of Each Receipt this Period 260.00
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP Home Health Operations Aggregate Year-to-Date 520.00	Payroll Deduction \$20 bi- weekly
SURTOTAL of Receipts This Page (c	ptional)	1196.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 26 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Star for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PA	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Ruth Smith Mailing Address 3350 Riverwood Pkwy Ste 1400 City	State	Zip Code	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: SA11AI.5676
	Atlanta FEC ID number of contributing federal political committee.	GA C	30339	Amount of Each Receipt this Period 225.00
	Name of Employer Gentiva Receipt For: Primary General Other (specify) ▼	Occupation Branch D Aggregate		Payroll Deduction \$25 bi- weekly
	Full Name (Last, First, Middle Initial) Martha Stephens Mailing Address 3350 Riverwood Pkwy Ste 1400 City	State	Zip Code	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: SA11AI.5680
	Atlanta FEC ID number of contributing federal political committee. Name of Employer	GA C Occupation	30339	Amount of Each Receipt this Period 250.00
	Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	•	Clinical Operations Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Deborah Thompson Mailing Address 3350 Riverwood Pkwy Ste 1400			Date of Receipt 1 2 3 1 2 0 0 9
	City Atlanta FEC ID number of contributing federal political committee.	State GA	Zip Code 30339	Transaction ID: SA11AI.5686 Amount of Each Receipt this Period 165.00
	Name of Employer Gentiva Health Services Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Branch D Aggregate		Payroll Deduction \$15 bi- weekly
Γ	L SUBTOTAL of Receipts This Page (optional)		_	640.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
GENTIVA HEALTH SERVICES INC P	AC GENTIVAPAC	
Full Name (Last, First, Middle Initial) Patrick Topp Mailing Address 3350 Riverwood Pkwy		Date of Receipt
Ste 1400	7.0.1	12 31 2009
City	State Zip Code	Transaction ID: SA11AI.5687
Atlanta	GA 30339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer Gentiva Health Services Inc.	Occupation Branch Director	Payroll Deduction \$10 bi- weekly
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Gena Wagner		Date of Receipt
Mailing Address 3350 Riverwood Pkwy Ste 1400		12 31 2009
City	State Zip Code	Transaction ID: SA11Al.5690
Atlanta	GA 30339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	195.00
Name of Employer Gentiva Health Services, Inc.	Occupation AVP - Operations	Payroll Deduction \$15 bi- weekly
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) Kathy Warmath	ı	Date of Receipt
Mailing Address 3350 Riverwood Pkwy Ste 1400		12 31 2009
City Atlanta	State Zip Code GA 30339	Transaction ID: SA11AI.5691
•	GA 30339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00 Payroll Deduction \$10 bi-
Name of Employer Gentiva Health Services	Occupation	weekly
Inc.	Branch Director	-
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional)		455.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 26 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC F	Statements may not be sold or used by any persongle name and address of any political committee to PAC GENTIVAPAC	13 14 15 16 1 on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Clayton Watson Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services, Inc. Receipt For: Primary General Other (specify)	State Zip Code GA 30339 C Occupation Area Director Ops Aggregate Year-to-Date ▼ 260.00	Date of Receipt M M 2 0 0 9
Full Name (Last, First, Middle Initial) Charlotte Weaver Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services, Inc. Receipt For: Primary General Other (specify)	State Zip Code GA 30339 C Occupation Chief Clinical Officer Aggregate Year-to-Date 1950.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mary Wollstein Mailing Address 3350 Riverwood Pkwy Ste 1400 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Gentiva Receipt For: Primary General Other (specify)	State Zip Code GA 30339 C Occupation VP - Business Initiatives Aggregate Year-to-Date 3000.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional) .		4105.00

A.

PAGE 18 / 26 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC Full Name (Last, First, Middle Initial) Date of Receipt Jamie Word Mailing Address 3350 Riverwood Pkwy 12 3 1 2009 Ste 1400 City State Zip Code Transaction ID: SA11AI.5699 **Atlanta** GA 30339 Amount of Each Receipt this Period FEC ID number of contributing 130.00 C federal political committee. Payroll Deduction \$10 bi-Name of Employer Gentiva Health Services, Occupation weekly Dir - Safe Strides Inc. Receipt For: Aggregate Year-to-Date General Primary 260.00 Other (specify) Full Name (Last, First, Middle Initial) В. Michael Young Date of Receipt Mailing Address 3350 Riverwood Pkwy 3 1 2009 Ste 1400 City State Zip Code Transaction ID: SA11AI.5702 **Atlanta** GA 30339 Amount of Each Receipt this Period FEC ID number of contributing C 130.00 federal political committee. Payroll Deduction \$10 bi-Name of Employer Gentiva Health Services Occupation weekly **RVP** - Sales Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)	•	260.00
TOTAL This Period (last page this line number only)	•	15145.00

260.00

Other (specify)

State:

A.

District:

	/FF0 F	0V/\													
SCHEDULE B	(FEC Form	3X)	Use sep	arate schedule(s)	OR LII			ER:			PA	GE	19 /	26	
ITEMIZED DIS	BURSEMEN			category of the Summary Page	21b 27	Ĺ	22 28a		23 28b	Н	24 28c		25 29		26 30b
Any Information copied or for commercial purp														3	
NAME OF COMM	ITTEE (In Full)														
GENTIVA HEAI	LTH SERVICES I	INC PAC GE	NTIVA	PAC											
Full Name (Last, F GENTIVA HEAI	irst, Middle Initial) LTH SERVICES I	INC PAC GE	NTIVA	PAC					on ID	eme				Y	
Mailing Address	3350 RIVERW SUITE 1400	OOD PKWY					12			3 1	L	2	o ŏ s	9	
City ATLANTA		Sta G/		Zip Code 30339			Amou	unt o	f Each	n Dis	burse	ment	this I	Perio	od
Purpose of Disbur Account Analysis							L.		-			20	00.99	9	
Candidate Name					egory/ /pe										
Office Sought:	House	Disburseme													
	Senate		rimary	General											
	President	1 0	ılıl e l (SD	ecify) 🔻											

SUBTOTAL of Disbursements This Page (optional)	>	200.99
TOTAL This Period (last page this line number only)	•	200.99

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 to solicit contributions from such committee. Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC Full Name (Last, First, Middle Initial) SHELLEY BERKLEY Mailing Address 3069 CONQUISTA COURT City LAS VEGAS Office Sought: X House President State: NV District: 01 Full Name (Last, First, Middle Initial) SHELLEY BERKLEY Mailing Address 3069 CONQUISTA COURT City LAS VEGAS NV B9121 Transaction ID: SB23.5734 Date of Disbursement this Pe Transaction ID: SB23.5734 Date of Disbursement Transaction ID: SB23.5734 Date of Disbursement 1500.00 Amount of Each Disbursement this Pe LAS VEGAS NV B9121 Transaction ID: SB23.5734 Date of Disbursement Transaction ID: SB23.5734 Date of Disbursement this Pe LAS VEGAS NV B9121 Transaction ID: SB23.5735 Date of Disbursement this Pe LAS VEGAS Purpose of Disbursement Disbursement Transaction ID: SB23.5735 Date of Disbursement this Pe LAS VEGAS NV B9121 Transaction ID: SB23.5715 Date of Disbursement this Pe Transaction ID: SB23.5715 Date of Disbursement Transaction ID: SB23.5715 Date of Disbursement Transaction ID: SB23.5715 Date of Disbursement	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 26 (check only one)
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC Full Name (Last, First, Middle Initial) SHELLEY BERKLEY Mailing Address 3069 CONQUISTA COURT City LAS VEGAS Office Sought: X House President State: NV Bill Name (Last, First, Middle Initial) SHELLEY BERKLEY Mailing Address Office Sought: X House Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Candidate Name Candidate Name District: 01 Full Name (Last, First, Middle Initial) DAVID LEE CAMP Office Sought: X House Candidate Name DAVID LEE CAMP Office Sought: X House Candidate Name DAVID LEE CAMP Office Sought: X House Candidate Name Disbursement For: 2010 Candidate Name Candidate Name Disbursement For: 2010 Candidate Name Candidate Name Disbursement For: 2010 Candidate Name Disbursement Office Sought: X House Candidate Name Disbursement For: 2010 Candidate Name Disbursement Office Sought: X House Candidate Name Disbursement For: 2010 Candidate Name Disbursement Office Sought: X House Candidate Name Disbursement For: 2010 Candidate Name Disbursement Office Sought: X House Candidate Name Disbursement Office Soug	TEMIZED DISBURSEMENTS		21b 22 X 23 24 25
Amount of Each Disbursement Name (Last, First, Middle Initial)			
SHELLEY BERKLEY Mailing Address 3069 CONQUISTA COURT City State Zip Code LAS VEGAS NV 89121 Purpose of Disbursement Other (specify) ▼ City Senate President State NV District: 01 Full Name (Last, First, Middle Initial) SHELLEY BERKLEY Candidate Name BERKLEY City State Zip Code NV 89121 Purpose of Disbursement For: 2010 State NV District: 01 City State Zip Code NV 89121 Purpose of Disbursement City State Zip Code NV 89121 Purpose of Disbursement Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Senate President NV 89121 Full Name (Last, First, Middle Initial) Sheller (Specify) ▼ Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Senate President Other (specify) ▼ City State X Primary General Other (specify) ▼ Transaction ID: SB23.5734 Date of Disbursement this Pe Category/ Type Transaction ID: SB23.5715 Date of Disbursement Transaction ID: SB23.5715 Date of Disbursement Office Sought: X House State Zip Code Mil 48642 Purpose of Disbursement Office Sought: X House Disbursement For: 2010 Cardidate Name DAVID LEE CAMP Office Sought: X House Senate President Disbursement For: 2010 State Zip Code Mil 48642 Amount of Each Disbursement this Pe Amount of Each Disbursement this Pe Candidate Name DAVID LEE CAMP Office Sought: X House Senate President Other (specify) ▼ Other (specify) ▼	NAME OF COMMITTEE (In Full)		
City State VEGAS NV 89121 City Senate President State: NV District: 01 Full Name (Last, First, Middle Initial) Senate Senate President Senate President Senate Senate Senate President Senate President Senate NV 89121 Full Name (Last, First, Middle Initial) Senate Senate Senate President Souther (specify) ▼ City Senate Senate Senate Senate Senate President Senate Sena			
LAS VEGAS Purpose of Disbursement Candidate Name BERKLEY FOR CONGRESS Office Sought:	Mailing Address 3069 CONQUISTA CO	JRT	099 / 11 / 42009
Candidate Name BERKLEY FOR CONGRESS Office Sought:			Amount of Each Disbursement this Period
BERKLEY FOR CONGRESS Office Sought:			003
Senate President State: NV District: 01 Full Name (Last, First, Middle Initial) SHELLEY BERKLEY Mailing Address 3069 CONQUISTA COURT City State Zip Code NV 89121 Purpose of Disbursement Candidate Name BERKLEY FOR CONGRESS Office Sought: X House President President Mil 48642 Purpose of Disbursement City State Zip Code NV 89121 Amount of Each Disbursement this Pe Senate NV District: 01 Full Name (Last, First, Middle Initial) DAVID LEE CAMP Mailing Address 5905 Wimbledon Ct. City State Zip Code Mil 48642 Purpose of Disbursement Other (specify) ▼ Transaction ID: SB23.5715 Date of Disbursement this Pe Senate NV 2 0 0 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BERKLEY FOR CONGRESS		3 ,
Full Name (Last, First, Middle Initial) SHELLEY BERKLEY Mailing Address 3069 CONQUISTA COURT City LAS VEGAS Purpose of Disbursement Candidate Name BERKLEY FOR CONGRESS Office Sought: X House President State: NV District: 01 Full Name (Last, First, Middle Initial) DAVID LEE CAMP City Mailing Address 5905 Wimbledon Ct. State Candidate Name DAVID LEE CAMP Office Sought: X House Disbursement O03 Category/ Type Transaction ID: SB23.5734 Date of Disbursement this Pe Amount of Each Disbursement this Pe Category/ Type Transaction ID: SB23.5715 Date of Disbursement O7 M / D1 D / Y 2 0 0 9 9 Amount of Each Disbursement this Pe Transaction ID: SB23.5715 Date of Disbursement O7 M / D1 D / Y 2 0 0 9 9 Amount of Each Disbursement O7 M / D1 D / Y 2 0 0 9 Amount of Each Disbursement this Pe Category/ Type Office Sought: X House Disbursement For: 2010 Candidate Name DAVID LEE CAMP Office Sought: X House Senate President Other (specify) ▼	Senate 2 President	Primary General	
City LAS VEGAS NV 89121 Purpose of Disbursement Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Senate President President State: NV District: 01 Full Name (Last, First, Middle Initial) DAVID LEE CAMP Mailing Address 5905 Wimbledon Ct. City State Zip Code Midland MI 48642 Purpose of Disbursement Candidate Name DAVID LEE CAMP Office Sought: X House Senate President State Zip Code Midland MI 48642 Purpose of Disbursement Candidate Name DAVID LEE CAMP Office Sought: X House Senate President President President President Other (specify) ▼ Amount of Each Disbursement this Permand Senate Senate President Primary General Other (specify) ▼ Other (specify) ▼	Full Name (Last, First, Middle Initial)		Date of Disbursement
Purpose of Disbursement Candidate Name BERKLEY FOR CONGRESS Office Sought: X House Senate President President State: NV District: 01 Full Name (Last, First, Middle Initial) DAVID LEE CAMP Mailing Address 5905 Wimbledon Ct. City State Zip Code Midland MI 48642 Purpose of Disbursement Candidate Name DAVID LEE CAMP Office Sought: X House Senate Purpose of Disbursement Other (specify) ▼ Transaction ID: SB23.5715 Date of Disbursement Office Sought: X House Senate Purpose of Disbursement Other (specify) ▼ Transaction ID: SB23.5715 Date of Disbursement Office Sought: X House Senate Purpose of Disbursement For: 2010 X Primary General Other (specify) ▼ Other (specify) ▼ Other (specify) ▼	Mailing Address 3069 CONQUISTA CO	JRT	12 / 01 / 2009
Candidate Name BERKLEY FOR CONGRESS Office Sought:			Amount of Each Disbursement this Perio
BERKLEY FOR CONGRESS Office Sought:	Purpose of Disbursement		
Senate President Other (specify) ▼ State: NV District: 01 Full Name (Last, First, Middle Initial) DAVID LEE CAMP Mailing Address 5905 Wimbledon Ct. City State Zip Code Midland MI 48642 Purpose of Disbursement Candidate Name DAVID LEE CAMP Office Sought: X House Senate President Senate President X Primary General Other (specify) ▼ Transaction ID: SB23.5715 Date of Disbursement 0 0 7 M / 0 1 7 / 2 0 0 9 9 Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: X House Senate President Other (specify) ▼	BERKLEY FOR CONGRESS		
Full Name (Last, First, Middle Initial) DAVID LEE CAMP Mailing Address 5905 Wimbledon Ct. City State Zip Code Midland MI 48642 Purpose of Disbursement Candidate Name DAVID LEE CAMP Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) ▼	Senate ?	C Primary General	
Mailing Address 5905 Wimbledon Ct. City State Zip Code Midland MI 48642 Purpose of Disbursement Candidate Name DAVID LEE CAMP Office Sought: X House Senate President Disbursement For: 2010 X Primary General President Other (specify) ▼	Full Name (Last, First, Middle Initial)		
Midland MI 48642 Purpose of Disbursement Candidate Name DAVID LEE CAMP Office Sought: X House Senate Senate President President MI 48642 1000.00 Category/ Type Category/ Type Other (specify) ▼	Mailing Address 5905 Wimbledon Ct.		
Candidate Name DAVID LEE CAMP Office Sought: X House Senate President Disbursement For: X Primary General Other (specify)			Amount of Each Disbursement this Perio
DAVID LEE CAMP Office Sought: X House Senate President Disbursement For: X Primary General Other (specify) ▼			003
Senate X Primary General President Other (specify) ▼	DAVID LEE CAMP		
	Senate	Primary General	

	CHEDULE B (FEC Form 3X	Use sep	arate schedule(s)		E NUMBER: PAGE 21 / 26
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check on 21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and for commercial purposes, other than using t				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC				
	Full Name (Last, First, Middle Initial) DAVID LEE CAMP				Transaction ID: SB23.5725 Date of Disbursement
	Mailing Address 5905 Wimbledon (Ot.			09 / 17 / 2009
	City Midland	State MI	Zip Code 48642		Amount of Each Disbursement this Perio
	Purpose of Disbursement			003	1000.00
	Candidate Name DAVID LEE CAMP			Category/ Type	
	Office Sought: X House Senate President State: MI District: 04	Sisbursement For: X Primary Other (sp	2010 General ecify)		
	Full Name (Last, First, Middle Initial) DAVID LEE CAMP				Transaction ID: SB23.5733 Date of Disbursement
	Mailing Address 5905 Wimbledon (Ct.			111
	City Midland	State MI	Zip Code 48642		Amount of Each Disbursement this Period
	Purpose of Disbursement			003	1000.00
	Candidate Name DAVID LEE CAMP			Category/ Type	
	Office Sought: X House Senate President State: MI District: 04	isbursement For: X Primary Other (sp	2010 General ecify)		
	Full Name (Last, First, Middle Initial) BENJAMIN L CARDIN				Transaction ID: SB23.5729 Date of Disbursement
	Mailing Address PO BOX 21093				10 M / D 19 / Y 2009
	City CATONSVILLE	State MD	Zip Code 21228		Amount of Each Disbursement this Period
	Purpose of Disbursement			003	1000.00
	Candidate Name BEN CARDIN FOR SENATE		02:2	Category/ Type	-
	0.00	isbursement For:	2012		
	Office Sought: House X Senate President	Primary Other (sp	X General ecify) ▼		

ITEMIZE			arate schedule(s)	FOR LINE	
	D DISBURSEMEN	TS for each	category of the Summary Page	(check only	y one) 22 X 23 24 25 28a 28b 28c 29 1
					or the purpose of soliciting contributions licit contributions from such committee
l \	COMMITTEE (In Full) A HEALTH SERVICES II	NC PAC GENTIVA	PAC		
	(Last, First, Middle Initial) W CHILDERS				Transaction ID: SB23.5751 Date of Disbursement
Mailing Ad	ldress 201 HIDDEN H	ILLS			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 0 & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Q & Q & Q \end{bmatrix} \ Y$
City BOONE	VILLE	State MS	Zip Code 38829		Amount of Each Disbursement this Period
	f Disbursement			003	1000.00
Candidate TRAVIS Office Sou	W CHILDERS	Disbursement For:	2010	Category/ Type	
State: MS	Senate President	X Primary Other (spe	General		
	(Last, First, Middle Initial) M COLLINS				Transaction ID: SB23.5716 Date of Disbursement
Mailing Ad	Idress 175 CLYDE RC	OAD			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & O & Q \\ 2 & O & O & 9 \end{smallmatrix} \end{bmatrix}$
City		State	Zip Code		Amount of Each Disbursement this Perio
BANGO	₹	ME	04401		
BANGOF Purpose o	f Disbursement	ME	04401	003	1000.00
BANGOI Purpose o	f Disbursement	ME	04401	003 Category/ Type	1000.00
Purpose o Candidate SUSAN I	Name M COLLINS ught: X Senate President	Disbursement For: X Primary Other (spe	2014 General	Category/	1000.00
BANGOR Purpose o Candidate SUSAN I Office Sou State: ME	Name M COLLINS Ight: House X Senate President E District: 00 (Last, First, Middle Initial)	Disbursement For:	2014 General	Category/	Transaction ID: SB23.5738
BANGOR Purpose o Candidate SUSAN I Office Sou	Name M COLLINS Ight: House X Senate President E District: 00 ((Last, First, Middle Initial) ORDON	Disbursement For:	2014 General ecify) ▼	Category/	
BANGOR Purpose of Candidate SUSAN I Office Sou State: ME Full Name BART Go Mailing Ad City	Name M COLLINS Ight: House X Senate President E District: 00 ((Last, First, Middle Initial) ORDON	Disbursement For: X Primary Other (spe	2014 General ecify) ▼	Category/	Transaction ID: SB23.5738 Date of Disbursement M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
BANGOR Purpose of Candidate SUSAN I Office Sou State: ME Full Name BART Go Mailing Ad City MURFRE	Name M COLLINS Ight: House X Senate President E District: 00 ((Last, First, Middle Initial) ORDON Idress 940 EAST NOF	Disbursement For: X Primary Other (spe	2014 General ecify) ▼	Category/	Transaction ID: SB23.5738 Date of Disbursement M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
BANGOR Purpose of Candidate SUSAN I Office Sou State: ME Full Name BART Go Mailing Ad City MURFRE Purpose of Candidate BART Go	Name M COLLINS Ight: House X Senate President E District: 00 (Last, First, Middle Initial) ORDON Idress 940 EAST NOF EESBORO If Disbursement Name ORDON	Disbursement For: X Primary Other (spe	2014 General ecify) ▼	Category/ Type	Transaction ID: SB23.5738 Date of Disbursement M M / D D / Y Y Y O Y Y Amount of Each Disbursement this Period
BÁNGOF Purpose o Candidate SUSAN I Office Sou State: ME Full Name BART Go Mailing Ad City MURFRE Purpose o Candidate	Name M COLLINS Ight: House X Senate President E District: 00 I (Last, First, Middle Initial) ORDON Idress 940 EAST NOF EESBORO If Disbursement Name ORDON Ight: X House Senate President	Disbursement For: X Primary Other (spe	2014 General ecify) ▼ /ARD Zip Code 37130 2010 General	Category/ Type 003 Category/	Transaction ID: SB23.5738 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s))	FOR LIN	 	R:		PAGE	23 / 2	26
ΙΤ	EMIZED DISBURSEMENTS		category of the Summary Page		(check of 21b 27	22 28a	X 23 28t	2	4 8c	25 29	2 3
	y Information copied from such Reports and State for commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC										
<u></u>	Full Name (Last, First, Middle Initial) PARKER REP. GRIFFITH					Date o	of Disbu	D: SB	23.574	11	
	Mailing Address P.O. Box 2916					^M 2	M / I	03	Y 2	Ý 0 Ŏ 9	Y
	City Huntsville	State AL	Zip Code 35804			Amou	nt of Ea	ch Disbu			
	Purpose of Disbursement				003		-		10	00.00	
	Candidate Name PARKER REP. GRIFFITH		00.10		ategory/ Type						
	Senate President	sement For: X Primary Other (spe	2010 General ecify) ▼								
	State: AL District: 05 Full Name (Last, First, Middle Initial)							D: SB	23.575	57	
	STENY HAMILTON HOYER Mailing Address 4201 Northview Drive,	Suite 307				o ^M 9		rsement 15	Y	Ý 0 Ď 9	Y
	City	State	Zip Code			Amou	nt of Ea	ch Disbu	rsemer	nt this F	Period
	Bowie Purpose of Disbursement	MD	20716	Г	000				15	500.00	
	Candidate Name STENY HAMILTON HOYER				003 ategory/ Type						
		sement For: X Primary Other (spe	2010 General								
	Full Name (Last, First, Middle Initial) JOHN H SR LEWIS							D: SB	23.571	14	
	Mailing Address 103 SEWANNEE AVE	N W				0 ^M 7	M / I	06	Y	0 0 9	Y
	City ATLANTA	State GA	Zip Code 30314			Amou	nt of Ea	ch Disbu	rsemer	nt this F	Period
	Purpose of Disbursement				003	<u>L.</u>			15	500.00	
	Candidate Name JOHN H SR LEWIS				ategory/ Type						
	Senate President	sement For: X Primary Other (spe	2010 General								
_	State: GA District: 05	n.					•	•	40	00.00	
	UBTOTAL of Disbursements This Page (optiona					<u></u>	• •		70	30.00	-
L™	OTAL This Period (last page this line number on	y)			🕨	<u></u>					

ITEM		3 (FEC Form	·		arate schedule(s)	\ I	OR LINE	_		Ŀ	AGE 2	, _0	
6141	MIZED DIS	SBURSEMEN	ITS		category of the ´ Summary Page		check online 21b 27	22 28a	X 23 28b	24 280		25 29] 2
		ed from such Reports rposes, other than usi											
I \		MITTEE (In Full) ALTH SERVICES I	NC PAC GI	ENTIVAF	PAC								
	l Name (Last, HN H SR LI	First, Middle Initial) EWIS						Date o	of Disbur		3.5718		
Mai	iling Address	103 SEWANNI	EE AVE N V	V				0 ^M 8	M / D	24	Ý Ž0	9 0 9	
City ATI	y LANTA			tate GA	Zip Code 30314			Amou	nt of Eac	h Disburs			riod
	rpose of Disbu	ırsement				_	03	L.			1000	0.00	
JO		FOR CONGRESS					egory/ /pe						
	ice Sought:	X House Senate President		nent For: Primary Other (spe	2010 General ecify) ▼								
Full	ite: GA I Name (Last, IHN H SR LI	District: 05 First, Middle Initial) EWIS							action II	D: SB23	3.5724		
	iling Address	103 SEWANNI	EE AVE N V	V					M / D		Ý Ž O	0 0 9	
City ATI				tate SA	Zip Code 30314			Amou	nt of Eac	h Disburs	ement t	his Pe	rioc
ΑŤΙ	y LANTA rpose of Disbu	ırsement		tate GA	Zip Code 30314	0(03	Amou	nt of Eac	h Disburs	ement t		riod
ATI Pur Car	LANTA					Cate	03 egory/	Amou	nt of Eac	h Disburs			rioc
ATI Pur Car JOI Offi	LANTA rpose of Disbundidate Name HN H SR LI ice Sought:	EWIS X House Senate President	Disbursen	šΑ	2010 X General	Cate	egory/	Amou	nt of Eac	h Disburs			riod
ATI Purp Car JOI Offii Stat	LANTA rpose of Disbundidate Name HN H SR LI ice Sought:	EWIS X House Senate President District: 05 First, Middle Initial)	Disbursen	nent For:	2010 X General	Cate	egory/	Trans		D: SB23	3000		rio
ATT Pur Car JOI Offii Stat	TANTA TPOSE OF DISBU Indidate Name PHN H SR LI Ice Sought: Ite: GA I Name (Last,	EWIS X House Senate President District: 05 First, Middle Initial)	Disbursem	nent For:	2010 X General	Cate	egory/	Trans Date of	action II	D: SB23 sement	3000		
ATI Pur Car JOI Offi Stat Full JAN Mai	TLANTA Trpose of Disbuindidate Name OHN H SR LI ice Sought: atte: GA I Name (Last, MES D MAT illing Address	EWIS X House Senate President District: 05 First, Middle Initial) THESON	Disbursem	nent For:	2010 X General	Cate	egory/	Trans Date of	action II of Disbur	D: SB23 sement	3000 3.5743 Y 2 0	0.00]
ATI Pur Car JOI Offi Stat Full JAN Mai	TLANTA Troose of Disbu- Indidate Name OHN H SR LI Ince Sought: Inte: GA I Name (Last, MES D MAT Indidate Name Illing Address	EWIS X House Senate President District: 05 First, Middle Initial) THESON P O Box 52104	Disbursem	nent For: Primary Other (spe	2010 X General ecify) ▼	Cate Ty	egory/	Trans Date of	action II of Disbur	D: SB23 sement	3000 3.5743 Y 2 0	0.00 0 0 9 Y]
ATI Purp Car JOI Offi Stat Full JAN Mai City Sal Purp Car	TLANTA TPOSE OF DISBURNATE INDICATE TO THE TRANSPORT TO T	EWIS X House Senate President District: 05 First, Middle Initial) FHESON P O Box 52104	Disbursem	nent For: Primary Other (spe	2010 X General ecify) ▼	Cate Ty	egory/ /pe	Trans Date of	action II of Disbur	D: SB23 sement	3000 3.5743 Y 2 0	0.00 0 0 9 Y	<u>:</u>
ATI Pur Car JOI Offi Stat Full JAN Gity Sal Pur Car JAN Offi	LANTA rpose of Disbundidate Name HN H SR LI ice Sought: Ite: GA I Name (Last, MES D MAT illing Address It Lake City rpose of Disbundidate Name	EWIS X House Senate President District: 05 First, Middle Initial) FHESON P O Box 52104	Disbursem Disbursem X	nent For: Primary Other (spe	2010 X General ecify) ▼ Zip Code 84152 2010 General	Cate Ty	egory/ /pe	Trans Date of	action II of Disbur	D: SB23 sement	3000 3.5743 Y 2 0	0.00 0 0 9 Y]

Detailed Summary Page 21b 22 X 23 24 25 27 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC Full Name (Last, First, Middle Initial) JIM P MCGOVERN Mailing Address 393 BURNCOAT ST Transaction ID: SB23.5717 Date of Disbursement Name (Last, First, Middle Initial) Date of Disbursement Name (Last, First, Middle Initial) Date of Disbursement Name (Last, First, Middle Initial) Date of Disbursement Date of Date	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC Full Name (Last, First, Middle Initial) JIM P MCGOVERN Mailing Address 393 BURNCOAT ST City Senate President State: MA District: 03 Full Name (Last, First, Middle Initial) PAT ROBERTS Office Sought: House Candidate Name PAT ROBERTS Office Sought: New York Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) Pat Rough Repeated President State: Spenate President State: AR District: 03 Full Name (Last, First, Middle Initial) Pat Roberts Office Sought: New York Senate President State: AR District: 03 Full Name (Last, First, Middle Initial) Pat Roberts Office Sought: New York Senate President State: AR District: 03 Full Name (Last, First, Middle Initial) Pat Roberts Office Sought: New York Senate President State: AR District: 03 Full Name (Last, First, Middle Initial) City State Zip Code KS G7801 Full Name (Last, First, Middle Initial) Candidate Name President State: AR District: 04 Disbursement For: 2012 X Primary General Other (specify) ▼ Transaction ID: SB23.5730 Date of Disbursement this Perio 1000.00 Transaction ID: SB23.5730 Date of Disbursement this Perio 1000.00 Transaction ID: SB23.5735 Date of Disbursement this Perio Amount of Each Disbursement Transaction ID: SB23.5745 Date of Disbursement Transaction ID: SB23.5745 Date of Disbursement For: 2012 X Primary General President State: AR District: 04 Disbursement For: 2010 AR 71857 Purpose of Disbursement For: 2010 AR 71857 Purpose of Disbursement Transaction ID: SB23.5745 Date of Disbursement For: 2010 Amount of Each Disbursement Fire Perio 1000.00 Amount of Each Disbursement Fire Perio 1000.00	TEMIZED DISBURSEMENTS		21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC Full Name (Last, First, Middle Initial) JIM P MGGOVERN Mailing Address 393 BURNCOAT ST City Worcester Worcester Vorcester Name Candidate Name RE-ELECT MGGOVERN COMMITTEE Office Sought: X, House X Senate President State: MA District: 03 Full Name (Last, First, Middle Initial) PAT ROBERTS Mailing Address PO BOX 15 City State Zip Code KS 67801 Transaction ID: SB23.5730 Date of Disbursement this Perio Transaction ID: SB23.5745 Date o				
Mailing Address 393 BURNCOAT ST City State Zip Code Worcester MA 01606 Purpose of Disbursement Candidate Name RE-ELECT MCGOVERN COMMITTEE Office Sought: X House President Disbursement For: 2010 Senate President Disbursement Disbursement Candidate Name President Disbursement For: 2010 Senate President State: MA District: 03 Full Name (Last, First, Middle Initial) PAT ROBERTS Mailing Address PO BOX 15 City State Zip Code KS 67801 Candidate Name PAT ROBERTS Office Sought: X Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) Candidate Name PAT ROBERTS Office Sought: X Senate President Disbursement For: 2012 X Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS Mailing Address PO Box 360 PO Box 374 City State Zip Code AR 71857 Other (specify) ▼ Transaction ID: SB23.5745 Date of Disbursement To Disbursement	NAME OF COMMITTEE (In Full)			
City				
Worcester MA 01606 Purpose of Disbursement Candidate Name RE-ELECT MCGOVERN COMMITTEE Office Sought:	Mailing Address 393 BURNCOAT ST		$\begin{bmatrix} 0.8 & \text{M} & \text{I} & \text{D} & \text{D} & \text{I} & \text{Y} & \text{Y} & \text{Y} & \text{O} & \text{O} & \text{O} \end{bmatrix}$	
Candidate Name RE-ELECT MCGOVERN COMMITTEE Office Sought:				Amount of Each Disbursement this Period
RE-ELECT MCGOVERN COMMITTEE Office Sought:				500.00
PAT ROBERTS Mailing Address PO BOX 15 City State Zip Code NS 67801 Purpose of Disbursement Candidate Name PAT ROBERTS Office Sought: House President State: KS District: 00 Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS Mailing Address PO Box 360 PO Box 374 City Prescott AR 71857 Purpose of Disbursement Candidate Name Po Box 374 City Prescott AR 71857 Purpose of Disbursement Candidate Name Po Box 374 City State Zip Code AR 71857 Purpose of Disbursement Candidate Name MICHAEL AVERY ROSS Office Sought: X House Senate President Senate President State: AR District: 04 Disbursement For: 2010 Amount of Each Disbursement this Perior Category/Type Amount of Each Disbursement 1000.00	Office Sought: X House Disbur Senate President	X Primary General		
City DODGE CITY KS 67801 Purpose of Disbursement Candidate Name PAT ROBERTS Office Sought: House President State: KS District: 00 Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS Mailing Address PO Box 360 PO BoX 374 City Prescott AR 71857 Purpose of Disbursement Candidate Name MICHAEL AVERY ROSS Office Sought: House Search President State: AR District: 04 Amount of Each Disbursement this Perion 1000.00 Amount of Each Disbursement this Perion 1000.00 Transaction ID: SB23.5745 Date of Disbursement 1 2 0 0 3 1 2 0 0 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PAT ROBERTS			Date of Disbursement
DODGE CITY Purpose of Disbursement Candidate Name PAT ROBERTS Office Sought: House President State: KS District: 00 Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS Mailing Address PO Box 360 PO BOX 374 City Prescott Purpose of Disbursement Candidate Name MICHAEL AVERY ROSS Office Sought: X House President Candidate Name MICHAEL AVERY ROSS Office Sought: X House Senate President State: AR District: 04 Disbursement For: 2012 X Primary General Other (specify) ▼ Transaction ID: SB23.5745 Date of Disbursement Mailing Address PO Box 360 PO BOX 374 Transaction ID: SB23.5745 Date of Disbursement Mailing Address PO Box 360 PO BOX 374 City Prescott AR 71857 Purpose of Disbursement Candidate Name MICHAEL AVERY ROSS Office Sought: X House Senate President State: AR District: 04	Mailing Address PO BOX 15		10 21 2009	
Candidate Name PAT ROBERTS Office Sought: House				
Office Sought: House X Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS Mailing Address PO Box 360 PO BOX 374 City State Zip Code AR 71857 Purpose of Disbursement Candidate Name MICHAEL AVERY ROSS Office Sought: X House Senate President Senate President State: AR District: 04 Disbursement For: 2012 X Primary General Other (specify) ▼ Transaction ID: SB23.5745 Date of Disbursement 100 3 / Y 2 0 0 9 Y Amount of Each Disbursement this Perior Senate General Other (specify) ▼ Other (specify) ▼ State: AR District: 04	Candidate Name		Category/	1000.00
MICHAEL AVERY ROSS Mailing Address PO Box 360 PO BOX 374 City State Zip Code AR 71857 Purpose of Disbursement Candidate Name MICHAEL AVERY ROSS Office Sought: X House Senate President State: AR District: 04 Mailing Address PO Box 360 PO Box 374 State Zip Code AR 71857 Amount of Each Disbursement this Perior Category/ Type Category/ Type Other (specify) ▼	χ Senate President	X Primary General		
Mailing Address PO Box 360 PO BOX 374 City State Zip Code Prescott AR 71857 Purpose of Disbursement Candidate Name MICHAEL AVERY ROSS Office Sought: X House Senate President State: AR District: 04 Mailing Address PO Box 360			Date of Disbursement	
Prescott Purpose of Disbursement Candidate Name MICHAEL AVERY ROSS Office Sought: X House Senate President President State: AR District: 04 AR 71857 1000.00 Category/ Type Category/ Type Other (specify) ▼				12 03 2009
Candidate Name MICHAEL AVERY ROSS Office Sought:				
MICHAEL AVERY ROSS Office Sought:				1000.00
Senate			0 ,	
0500.00	Senate President	X Primary General		
SUBTOTAL of Disbursements This Page (optional)	-			2500.00
	SUBTOTAL of Disbursements This Page (optional	l)	<u>\</u>	2500.00

A.

IT	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS By Information copied from such Reports and State for commercial purposes, other than using the na	for each Detailed tements may r		(check onlocation 21b 27 by any person	22 X 23 24 25 26 28a 28b 28c 29 30b for the purpose of soliciting contributions
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAGE	C GENTIVA	PAC		
	Full Name (Last, First, Middle Initial) HENRY A. WAXMAN Mailing Address 6913 Ayr Ln				Transaction ID: SB23.5755 Date of Disbursement M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bethesda Purpose of Disbursement Candidate Name HENRY A. WAXMAN Office Sought: X House Senate President State: CA District: 30	State MD rsement For: X Primary Other (sp	Zip Code 20817 2010 General ecify)	003 Category/ Type	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	26500.00