

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 07 01 2009 through 12 31 2009

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 04 14 2010

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									
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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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		27133.96
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	26109.51									
(c) Total Receipts (from Line 19)	18227.00	33842.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44336.51	60975.96								
7. Total Disbursements (from Line 31)	26700.99	43340.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17635.52	17635.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	15145.00	26645.50
(ii) Unitemized	3082.00	7196.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18227.00	33842.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18227.00	33842.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18227.00	33842.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18227.00	33842.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	200.99	340.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	200.99	340.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	43000.00
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))..	26700.99	43340.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26700.99	43340.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	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
38. Net Operating Expenditures (subtract Line 37 from Line 36)	200.99	340.44

**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 6 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) John Aurelio	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5580
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION \$15 BI-WEEKLY
	Name of Employer: Gentiva Health Services Inc. Occupation: Regional VP Nursing Operations 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) Brian Bacon	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5584
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION \$15 BI-WEEKLY
	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 390.00	

C.	Full Name (Last, First, Middle Initial) Mara Benner	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5585
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 2950.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION \$150 BI-WEEKLY
	Name of Employer: Gentiva Health Services Inc. Occupation: Vice President Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 4900.00	

SUBTOTAL of Receipts This Page (optional)	3340.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 26
(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)
Judy Bernath

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: Area Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.5586
Amount of Each Receipt this Period: 260.00
PAYROLL DEDUCTION \$20 BI-WEEKLY

B. Full Name (Last, First, Middle Initial)
Robert Brunson

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 - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.5590
Amount of Each Receipt this Period: 195.00
PAYROLL DEDUCTION \$15 BI-WEEKLY

C. Full Name (Last, First, Middle Initial)
Linda Byler

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: Branch Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.5591
Amount of Each Receipt this Period: 130.00
PAYROLL DEDUCTION \$10 BI-WEEKLY

SUBTOTAL of Receipts This Page (optional) ▶ 585.00

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 8 / 26
(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 Camperlengo		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5592
City Atlanta	State GA	Zip Code 33039
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 SVP, CCO & Deputy General Counsel	PAYROLL DEDUCTION \$25 BI-WEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.

Full Name (Last, First, Middle Initial) Bruce Carter		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11AI.5593
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Gentiva Health Services Inc.	Occupation RVP - Operations	PAYROLL DEDUCTION \$40 BI-WEEKLY
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) Pete Cavanaugh		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5597
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Gentiva Health Services Inc.	Occupation Assistant Vice President Financial Ops	PAYROLL DEDUCTION \$10 BI-WEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	715.00
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 / 26
	<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 12 / 31 / 2009
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5598
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION \$10 BI-WEEKLY
	Name of Employer: Gentiva Health Services Inc. Occupation: Area Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 260.00	

B.	Full Name (Last, First, Middle Initial) Douglas Dahlgard	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5600
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 455.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION \$35 BI-WEEKLY
	Name of Employer: Gentiva Health Services Inc. Occupation: Vice President Tax 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) Rexanne Domico	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5603
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION \$10 BI-WEEKLY
	Name of Employer: Gentiva Health Services Inc. Occupation: VP Gentiva Consulting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 260.00	

SUBTOTAL of Receipts This Page (optional)	715.00
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 10 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dave Gieringer	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5609
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 480.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION \$75 BI-WEEKLY
	Name of Employer: Gentiva Health Services Inc. Occupation: Vice President Acctg / Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 740.00	

B.	Full Name (Last, First, Middle Initial) Claire Gold	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5610
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION \$10 BI-WEEKLY
	Name of Employer: Gentiva Health Services Inc. Occupation: Manager Therapy Practice 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) Nancy Guerland	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5614
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20 bi-weekly
	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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	850.00
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 / 26
(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) Monica Hullinger		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5630		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 260.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction \$20 bi-weekly		
	Name of Employer Gentiva Health Services, Inc.		Occupation VP - Home Health 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 Jalwan		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5631		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 260.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction \$20 bi-weekly		
	Name of Employer Gentiva Health Services Inc.		Occupation RVP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00			

C.	Full Name (Last, First, Middle Initial) Brenda Junior		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5635		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 360.00			

SUBTOTAL of Receipts This Page (optional)	▶	620.00
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 12 / 26
	<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) Marta Knowles		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5636
Name of Employer Gentiva		Occupation Project Coordinator	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="600.00"/>
		<input type="text" value="600.00"/>	Payroll deduction \$50 bi-weekly

B.	Full Name (Last, First, Middle Initial) Julie Lalli		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5638
Name of Employer Gentiva Health Services, Inc.		Occupation Branch Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="130.00"/>
		<input type="text" value="260.00"/>	Payroll Deduction \$10 bi-weekly

C.	Full Name (Last, First, Middle Initial) David Lampron		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5639
Name of Employer Gentiva Health Services Inc.		Occupation Branch Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="130.00"/>
		<input type="text" value="260.00"/>	Payroll Deduction \$10 bi-weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="860.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 26
(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) JoAnne Little		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5641
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 Health Services Inc.	Occupation Asst General Counsel	Payroll Deduction \$30 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

B.

Full Name (Last, First, Middle Initial) Daniel Locker		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5644
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 154.00
Name of Employer Gentiva Health Services Inc.	Occupation Regional Vice President Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 654.50	

C.

Full Name (Last, First, Middle Initial) Mary Muchow		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5656
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 Health Services Inc.	Occupation Director Field Audit	Payroll Deduction \$20 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	804.00
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 / 26
(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)
Margo Nemet

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: Director Compliance Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.5658
Amount of Each Receipt this Period: 156.00
Payroll Deduction \$12 bi-weekly

B. Full Name (Last, First, Middle Initial)
Stephen Paige

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: Senior Vice President/General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.5661
Amount of Each Receipt this Period: 780.00
Payroll Deduction \$60 bi-weekly

C. 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: 12 / 31 / 2009
Transaction ID: SA11AI.5669
Amount of Each Receipt this Period: 260.00
Payroll Deduction \$20 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► 1196.00

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 / 26
(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) Ruth Smith		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5676
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Gentiva	Occupation Branch Director	Payroll Deduction \$25 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.

Full Name (Last, First, Middle Initial) Martha Stephens		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5680
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 Director Clinical Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Deborah Thompson		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5686
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 165.00
Name of Employer Gentiva Health Services Inc.	Occupation Branch Director	Payroll Deduction \$15 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	640.00
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 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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) Patrick Topp	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5687
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$10 bi-weekly
	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 260.00	

B.	Full Name (Last, First, Middle Initial) Gena Wagner	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5690
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$15 bi-weekly
	Name of Employer Gentiva Health Services, Inc. Occupation AVP - Operations 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) Kathy Warmath	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5691
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$10 bi-weekly
	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 260.00	

SUBTOTAL of Receipts This Page (optional)	455.00
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 / 26
(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) Clayton Watson		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5692		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 130.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction \$10 bi-weekly		
	Name of Employer Gentiva Health Services, Inc.		Occupation Area Director Ops		Aggregate Year-to-Date 260.00

B.	Full Name (Last, First, Middle Initial) Charlotte Weaver		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5693		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 975.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction \$75 bi-weekly		
	Name of Employer Gentiva Health Services, Inc.		Occupation Chief Clinical Officer		Aggregate Year-to-Date 1950.00

C.	Full Name (Last, First, Middle Initial) Mary Wollstein		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5697		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 3000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Gentiva		Occupation VP - Business Initiatives		Aggregate Year-to-Date 3000.00

SUBTOTAL of Receipts This Page (optional)	4105.00
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 / 26

(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)
Jamie Word

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. Dir - Safe Strides

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

Date of Receipt

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

Transaction ID: SA11AI.5699

Amount of Each Receipt this Period

130.00

Payroll Deduction \$10 bi-weekly

B.

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

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. RVP - Sales

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

Date of Receipt

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

Transaction ID: SA11AI.5702

Amount of Each Receipt this Period

130.00

Payroll Deduction \$10 bi-weekly

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

15145.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 26

<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.5705

Date of Disbursement

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

Mailing Address 3350 RIVERWOOD PKWY
SUITE 1400

City ATLANTA State GA Zip Code 30339

Amount of Each Disbursement this Period

200.99

Purpose of Disbursement
Account Analysis Fees

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

200.99

TOTAL This Period (last page this line number only)

200.99

**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.</p> <p>Full Name (Last, First, Middle Initial) SHELLEY BERKLEY</p> <p>Mailing Address 3069 CONQUISTA COURT</p> <p>City LAS VEGAS State NV Zip Code 89121</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name BERKLEY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 01</p>	<p>Transaction ID: SB23.5719 Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SHELLEY BERKLEY</p> <p>Mailing Address 3069 CONQUISTA COURT</p> <p>City LAS VEGAS State NV Zip Code 89121</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name BERKLEY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 01</p>	<p>Transaction ID: SB23.5734 Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) DAVID LEE CAMP</p> <p>Mailing Address 5905 Wimbledon Ct.</p> <p>City Midland State MI Zip Code 48642</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name DAVID LEE CAMP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04</p>	<p>Transaction ID: SB23.5715 Date of Disbursement 07 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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) DAVID LEE CAMP	Transaction ID: SB23.5725 Date of Disbursement
	Mailing Address 5905 Wimbledon Ct.	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name DAVID LEE CAMP	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input 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: SB23.5733 Date of Disbursement
	Mailing Address 5905 Wimbledon Ct.	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name DAVID LEE CAMP	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BENJAMIN L CARDIN	Transaction ID: SB23.5729 Date of Disbursement
	Mailing Address PO BOX 21093	<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City CATONSVILLE State MD Zip Code 21228	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name BEN CARDIN FOR SENATE	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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) TRAVIS W CHILDERS</p> <p>Mailing Address 201 HIDDEN HILLS</p> <p>City BOONEVILLE State MS Zip Code 38829</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name TRAVIS W CHILDERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 01</p>	<p>Transaction ID: SB23.5751 Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) SUSAN M COLLINS</p> <p>Mailing Address 175 CLYDE ROAD</p> <p>City BANGOR State ME Zip Code 04401</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name SUSAN M COLLINS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 00</p>	<p>Transaction ID: SB23.5716 Date of Disbursement 07 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BART GORDON</p> <p>Mailing Address 940 EAST NORTHFIELD BOULEVARD</p> <p>City MURFREESBORO State TN Zip Code 37130</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name BART GORDON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 06</p>	<p>Transaction ID: SB23.5738 Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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) PARKER REP. GRIFFITH	Transaction ID: SB23.5741 Date of Disbursement																			
	Mailing Address P.O. Box 2916	<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>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	9												
	City Huntsville State AL Zip Code 35804	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 PARKER REP. GRIFFITH	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) STENY HAMILTON HOYER	Transaction ID: SB23.5757 Date of Disbursement																			
	Mailing Address 4201 Northview Drive, Suite 307	<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>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	9												
	City Bowie State MD Zip Code 20716	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name STENY HAMILTON HOYER	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) JOHN H SR LEWIS	Transaction ID: SB23.5714 Date of Disbursement																			
	Mailing Address 103 SEWANNEE AVE N W	<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>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	6		2	0	0	9												
	City ATLANTA State GA Zip Code 30314	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name JOHN H SR LEWIS	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2010 <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>4000.00</td></tr></table>	4000.00
4000.00		
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) JOHN H SR LEWIS	Transaction ID: SB23.5718 Date of Disbursement 08 / 24 / 2009
	Mailing Address 103 SEWANNEE AVE N W	Amount of Each Disbursement this Period 1000.00
	City ATLANTA State GA Zip Code 30314	
	Purpose of Disbursement	003 Category/Type
	Candidate Name JOHN LEWIS FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN H SR LEWIS	Transaction ID: SB23.5724 Date of Disbursement 09 / 15 / 2009
	Mailing Address 103 SEWANNEE AVE N W	Amount of Each Disbursement this Period 3000.00
	City ATLANTA State GA Zip Code 30314	
	Purpose of Disbursement	003 Category/Type
	Candidate Name JOHN H SR LEWIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JAMES D MATHESON	Transaction ID: SB23.5743 Date of Disbursement 12 / 03 / 2009
	Mailing Address P O Box 521048	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84152	
	Purpose of Disbursement	003 Category/Type
	Candidate Name JAMES D MATHESON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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) JIM P MCGOVERN	Transaction ID: SB23.5717 Date of Disbursement 08 / 21 / 2009
	Mailing Address 393 BURNCOAT ST	Amount of Each Disbursement this Period 500.00
	City Worcester State MA Zip Code 01606	
	Purpose of Disbursement	003 Category/Type
	Candidate Name RE-ELECT MCGOVERN COMMITTEE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAT ROBERTS	Transaction ID: SB23.5730 Date of Disbursement 10 / 21 / 2009
	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: 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: SB23.5745 Date of Disbursement 12 / 03 / 2009
	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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
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)

PAGE 26 / 26

<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)
HENRY A. WAXMAN

Mailing Address 6913 Ayr Ln

City Bethesda State MD Zip Code 20817

Purpose of Disbursement

001
 002
 003
Category/
Type

Candidate Name
HENRY A. WAXMAN

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 30

Transaction ID: SB23.5755

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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