01/28/2010 12:04

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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC 3 HUNTINGTON QUADRANGLE ADDRESS (number and street) SUITE 200S Check if different than previously **MELVILLE** NY 11747 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00407080 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 12 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. JOHN POTAPCHUK Type or Print Name of Treasurer Electronically Filed by JOHN POTAPCHUK 0 1 29 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/19 FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC м м 0 7 Y W Y 2009 ^D 31 м м 12 D D 0 1 2009 To: Report Covering the Period: From:

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 Y Y Y		26109.51
	(b) Cash on Hand at Begining of Reporting Period	26109.51	
	(c) Total Receipts (from Line 19)	18227.00	18227.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44336.51	44336.51
7.	Total Disbursements (from Line 31)	26700.99	26700.99
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17635.52	17635.52
1	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
1	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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 / 19

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period:

From:

м м 0 7 D D 0

^Y 2009

та:

м м 1 2 ^D 31

^Y 2009

I. Receipts	I. Receipts COLUMN A Total This Period	
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	12230.00	12230.00
(ii) Unitemized	5997.00	5997.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18227.00	18227.00
(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	18227.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. 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
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18227.00	18227.00
. Total Federal Receipts (subtract Line 18(c) from Line 19)	18227.00	18227.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 19

	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)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	200.99	200.99
	Expenditures(c) Total Operating Expenditures	200.33	200.93
	(add 21(a)(i), (a)(ii) and (b))	200.99	200.99
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	26500.00	26500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(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
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	26700.99	26700.99
2.	Total Federal Disbursements		
۷.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	26700.99	26700.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 19

III. Net Contribution Expenditures		COLUMN A	COLUMN B
Experienteres		Total This Period	Calendar Year-to-Date
3. Total Contributions (other t from Line 11(d), page 3)	, , , , , , , , , , , , , , , , , , ,	18227.00	18227.00
4. Total Contribution Refunds (from Line 28(d))		0.00	0.00
 Net Contributions (other that (subtract Line 34 from Line 	′	18227.00	18227.00
6. Total Federal Operating Ex (add Line 21(a)(i) and Line	·	200.99	200.99
7. Offsets to Operating Exper (from Line 15, page 3)		0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line		200.99	200.99

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 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PA	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) MARA BENNER Mailing Address 3 HUNTINGTON QUAI	DRANGLE		Date of Receipt
	SUITE 200S City MELVILLE	State NY	Zip Code 11747	Transaction ID: SA11AI.4120 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	117.77	2950.00
	Name of Employer GENTIVA HEALTH SERVICES Receipt For:		n VERNMENT AFFAIRS e Year-to-Date ▼	150.00 BI-WEEKLY
_	Primary ☐ General Other (specify) ▼	0 0	2950.00	
3.	Full Name (Last, First, Middle Initial) JUDY BERNATH Mailing Address 3 HUNTINGTON QUAI	DRANGLE		Date of Receipt
	SUITE 200S City	1 2 3 1 2 0 0 9 Transaction ID: SA11AI.4122		
	MELVILLE	NY	Zip Code 11747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00 20.00 BI-WEEKLY
	Name of Employer GENTIVA HEALTH SERVICES	Occupation AREA D	n IRECTOR, OPS	20.00 BI-WEEKET
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	
-).	Full Name (Last, First, Middle Initial) JOHN CAMPERLENGO			Date of Receipt
	Mailing Address 3 HUNTINGTON QUAI SUITE 200S			12 31 2009
	City <u>MELVILLE</u>	State NY	Zip Code 11747	Transaction ID: SA11AI.4128 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer GENTIVA HEALTH SERVICES	Occupation SVP - Co	n CO & DEPUTY GEN COUNS	== 25.00 BI-WEEKLY SEL
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	
	SUBTOTAL of Receipts This Page (optional)			3535.00
	TOTAL This Period (last page this line number of	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 / 19 (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) GENTIVA HEALTH SERVICES INC P	e name and ad	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) BRUCE CARTER		, ii , i , i	Date of Receipt
	Mailing Address 3 HUNTINGTON QUA SUITE 200S	12 31 7 2009		
	City MELVILLE	State NY	Zip Code 11747	Transaction ID: SA11AI.4130 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		260.00
	Name of Employer GENTIVA HEALTH SERVICES	Occupation RVP - O	n PERATIONS	20.00 BI-WEEKLY
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	
В.	Full Name (Last, First, Middle Initial) DOUGLAS DAHLGARD			Date of Receipt
	Mailing Address 3 HUNTINGTON QUA SUITE 200S	12 31 7 2009		
	City MELVILLE	State NY	Zip Code 11747	Transaction ID: SA11AI.4142 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11/7/	455.00
	Name of Employer GENTIVA HEALTH SERVICES	Occupation VP - TAX		25.00 BI-WEEKLY
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 455.00	
C.	Full Name (Last, First, Middle Initial) DAVID GIERINGER			Date of Receipt
	Mailing Address 3 HUNTINGTON QUA SUITE 200S	DRANGLE		12 31 7 2009
	City MELVILLE	State NY	Zip Code 11747	Transaction ID: SA11AI.4155 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		480.00
	Name of Employer GENTIVA HEALTH SERVICES	Occupation VP - ACC	n COUNTING & CONTROLLEF	20.00 BI-WEEKLY
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
	SUBTOTAL of Receipts This Page (optional)		>	1195.00
	TOTAL This Period (last page this line number	only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	atements may name and add	y not be sold or used by any perso 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 GENTIV	APAC	
<u>1</u> .A	iull Name (Last, First, Middle Initial) IANCY GUERLAND Mailing Address 3 HUNTINGTON QUAI	DRANGI E		Date of Receipt
_	SUITE 200S	12 31 2009		
	ity ∕ELVILLE	State NY	Zip Code	Transaction ID: SA11AI.4178
F	EC ID number of contributing ederal political committee.	C	11747	Amount of Each Receipt this Period 240.00
<u>,</u>	lame of Employer GENTIVA HEALTH SERVICES	Occupatio AVP - OI	n PERATIONS	20.00 BI-WEEKLY
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
B. <u>1</u>	full Name (Last, First, Middle Initial)			Date of Receipt
N	Mailing Address 3 HUNTINGTON QUAI SUITE 200S	12 31 2009		
	City	State	Zip Code	Transaction ID: SA11AI.4194
1	MELVILLE	NY	11747	Amount of Each Receipt this Period
f.	EC ID number of contributing ederal political committee.	C		260.00 20.00 BI-WEEKLY
(lame of Employer GENTIVA HEALTH SERVICES	Occupatio VP - HOI	n ME HEALTH OPERATIONS	20.00 BI WEEKET
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	
	ull Name (Last, First, Middle Initial) MARY JALWAN			Date of Receipt
N	Mailing Address 3 HUNTINGTON QUAI SUITE 200S	DRANGLE		12 31 2009
	City	State	Zip Code	Transaction ID: SA11AI.4196
F	MELVILLE FEC ID number of contributing ederal political committee.	C	11747	Amount of Each Receipt this Period 260.00
7	lame of Employer BENTIVA HEALTH SERVICES	Occupatio RVP - SA		20.00 BI-WEEKLY
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	
SII	BTOTAL of Receipts This Page (optional)			760.00
	TAL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
GENTIVA HEALTH SERVICES	INC PAC GENTIVAPAC				
Full Name (Last, First, Middle Initial) MARTA ALLIS KNOWLES	LOUADDANIOLE	Date of Receipt			
SUITE 200S					
City MELVILLE	State Zip Code NY 11747	Transaction ID: SA11AI.4204 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	600.00			
Name of Employer GENTIVA HEALTH SERVICES	Occupation PROJECT COORD (NE)	50.00 BI-WEEKLY			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial) JOANNE LITTLE	1	Date of Receipt			
Mailing Address 3 HUNTINGTON SUITE 200S	• • • • • • • • • • • • • • • • • • • •				
City MELVILLE	State Zip Code NY 11747	Transaction ID: SA11AI.4215 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	390.00			
Name of Employer GENTIVA HEALTH SERVICES	Occupation ASSISTANT GENERAL COUNSEL	30.00 BI-WEEKLY			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00				
Full Name (Last, First, Middle Initial) MARY MUCHOW		Date of Receipt			
Mailing Address 3 HUNTINGTON SUITE 200S	N QUADRANGLE	12 31 2009			
City <u>MELVILLE</u>	State Zip Code NY 11747	Transaction ID: SA11AI.4236 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	260.00			
Name of Employer GENTIVA HEALTH SERVICES	Occupation DIR - CLINICAL OPERATIONS	20.00 BI-WEEKLY			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00				
SUBTOTAL of Receipts This Page (opt	ional)	1250.00			
	number only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 19 (check only one) X
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PA	name and ad	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) STEPHEN PAIGE Mailing Address 3 HUNTINGTON QUAD SUITE 200S City MELVILLE FEC ID number of contributing federal political committee. Name of Employer GENTIVA HEALTH SERVICES Receipt For: Primary General Other (specify)	State NY C Occupation SVP - GI	Zip Code 11747 In EN COUNSEL & SECRETAF E Year-to-Date 780.00	Date of Receipt M M
В.	Full Name (Last, First, Middle Initial) TODD SEXE Mailing Address 3 HUNTINGTON QUAE SUITE 200S City MELVILLE FEC ID number of contributing federal political committee. Name of Employer GENTIVA HEALTH SERVICES Receipt For: Primary General Other (specify)	State NY C Occupatio VP - HO	Zip Code 11747 on ME HEALTH OPERATIONS e Year-to-Date ▼ 260.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
с.	Full Name (Last, First, Middle Initial) RUTH SMITH Mailing Address 3 HUNTINGTON QUAI SUITE 200S City MELVILLE FEC ID number of contributing federal political committee. Name of Employer GENTIVA HEALTH SERVICES Receipt For: Primary General Other (specify)	State NY C Occupatio BRANCH	Zip Code 11747 In H DIRECTOR E Year-to-Date 225.00	Date of Receipt M M
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		·	1265.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
GENTIVA HEALTH SERVICES INC	PAC GENTIVAPAC			
Full Name (Last, First, Middle Initial) MARTHA STEPHENS Mailing Address 3 HUNTINGTON QU	IADBANGI F	Date of Receipt		
SUITE 200S		12 31 2009		
City MELVILLE	State Zip Code NY 11747	Transaction ID: SA11AI.4280 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer GENTIVA HEALTH SERVICES	Occupation DIR - CLINICAL OPERATIONS (GC)	ONE TIME CONTRIBUTION		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) CHARLOTTE WEAVER Address CALLINTINGTON OF	IADDANIO! F	Date of Receipt		
SUITE 200S	Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S			
City	State Zip Code	Transaction ID: SA11AI.4302		
MELVILLE	NY 11747	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	975.00 75.00 BI-WEEKLY		
Name of Employer GENTIVA HEALTH SERVICES	Occupation SVP & CHIEF CLINICAL OFFICER	75.00 BI-WEEKET		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00			
Full Name (Last, First, Middle Initial) MARY WOLLSTEIN		Date of Receipt		
Mailing Address 3 HUNTINGTON QU SUITE 200S	JADRANGLE	12 31 2009		
City MELVILLE	State Zip Code NY 11747	Transaction ID: SA11AI.4308		
FEC ID number of contributing federal political committee.	NY 11747	Amount of Each Receipt this Period 3000.00		
Name of Employer GENTIVA HEALTH SERVICES	Occupation VP - BUSINESS INITIATIVES	ONE TIME CONTRIBUTION		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00			
SUBTOTAL of Receipts This Page (optional)	4225.00		
TOTAL This Period (last page this line numb	per only)	12230.00		

State:

A.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 12/19 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 28c 29 30b 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) Transaction ID: SB21B.4369 GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC Date of Disbursement 3 1 **1** 2 2009 Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S City State Zip Code Amount of Each Disbursement this Period **MÉLVILLE** NY 11747 200.99 Purpose of Disbursement **ACCOUNT ANALYSIS FEES** Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

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

SCHEDULE B (FEC I	, , ,	Jse separate so		FOR LINE	E NUMBER: ly one)	PAGE 13/19
ITEMIZED DISBURSI		or each categor Detailed Summa		21b 27	22 X 23 28a 28b	24 25 2 28c 29
Any Information copied from such or for commercial purposes, other						
NAME OF COMMITTEE (In F			7			
GENTIVA HEALTH SER	VICES INC PAC GE	NTIVAPAC				
Full Name (Last, First, Middle SHELLEY BERKLEY	Initial)				Transaction ID: Date of Disburser	ment
Mailing Address 3069 C	ONQUISTA COURT				09 / 1	1 2009
City LAS VEGAS	Sta N\				Amount of Each I	Disbursement this Period
Purpose of Disbursement			Г	003		1500.00
Candidate Name SHELLEY BERKLEY				Category/ Type		
Office Sought: X House Senate			2010 General		-	
Presid State: NV District: 0	ent O	ther (specify)				
Full Name (Last, First, Middle SHELLEY BERKLEY	Initial)				Transaction ID: Date of Disburser	
				1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 3069 C	ONQUISTA COURT				12	2000
City LAS VEGAS	Sta N\				Amount of Each I	Disbursement this Period
Purpose of Disbursement				000		1500.00
Candidate Name SHELLEY BERKLEY				003 Category/ Type		
Office Sought: X House Senate	X Pi	rimary	2010 General		-	
State: NV District: 0		ther (specify)	7			
Full Name (Last, First, Middle DAVID LEE CAMP	Initial)				Transaction ID: Date of Disburser	ment
Mailing Address 5905 W	Mailing Address 5905 Wimbledon Court				07 1	7 2009
City Midland	Sta MI				Amount of Each I	Disbursement this Period
Purpose of Disbursement				003		1000.00
Candidate Name DAVID LEE CAMP				Category/ Type		
Office Sought: X House Senate Presid	X Pi		2010 General		-	
State: MI District: 0						
	•					
SUBTOTAL of Disbursements	This Page (optional)				a a a	4000.00

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s))	FOR LINE		R:	P.	AGE 14/	19
П	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	(check only 21b 27	22 28a	X 23 28b	24 28c	25 29	26
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam								5
	NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC	SENTIVAPAC							
٠.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP					of Disburs		4344	
	Mailing Address 5905 Wimbledon Court				0 9	M / D	7 7	žoŏs	e Y
	City Midland	State Zip Code MI 48642			Amou	nt of Each	Disburse	ement this I	
	Purpose of Disbursement			003				1000.00)
	Candidate Name DAVID LEE CAMP			ategory/ Type					
		ment For: 2010 Primary General Other (specify)							
	Full Name (Last, First, Middle Initial) DAVID LEE CAMP				Date o	of Disburs		4350	
	Mailing Address 5905 Wimbledon Court				1 1	M / D	30 /	ŽOŠ) Y
	City Midland	State Zip Code MI 48642			Amou	nt of Each	Disburse	ment this I	Period
	Purpose of Disbursement			003				1000.00)
	Candidate Name			ategory/ Type					
	Office Sought: X House Senate President State: MI District: 04	ment For: 2010 Primary General Other (specify)							
	Full Name (Last, First, Middle Initial) BENJAMIN L CARDIN				Date o	of Disburs			
	Mailing Address PO BOX 21093				1 ^M 0	M / D	9 /	žoŏs) Y
	City CATONSVILLE	State Zip Code MD 21228			Amou	nt of Each	Disburse	ement this I	Period
	Purpose of Disbursement			003				1000.00)
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NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC Full Name (Last, First, Middle Initial) JIM MCGOVERN Mailing Address 393 BURNCOAT ST City State Zip Code MA 01606 Purpose of Disbursement Candidate Name PAT ROBERTS Mailing Address PO Box 360 PO Box 374 City Prescott AR 71857 Purpose of Disbursement Candidate Name	TEMIZED DISBURSEMENTS			21b	22 X 23 24 25
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NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC (GENTIVAPAC	
Full Name (Last, First, Middle Initial) HENRY A. WAXMAN Mailing Address 6913 Ayr Ln		Transaction ID: SB23.4345 Date of Disbursement
,	State Zip Code MD 20817	Amount of Each Disbursement this Period 5000.00
Candidate Name HENRY A. WAXMAN	Category/ Type	
Office Sought: X House Senate X President State: CA District: 30	ment For: 2010 Primary General Other (specify) ▼	

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