

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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 JOHN POTAPCHUK

Signature of Treasurer Electronically Filed by JOHN POTAPCHUK Date 01 29 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 **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		26109.51
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	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								
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)	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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18227.00	18227.00
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	18227.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18227.00	18227.00

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	200.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	200.99	200.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	26500.00
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	26700.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26700.99	26700.99

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	18227.00
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	18227.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	200.99	200.99
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	200.99

**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 / 19
	<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	

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) MARA BENNER	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S	Transaction ID: SA11AI.4120
	City MELVILLE State NY Zip Code 11747	Amount of Each Receipt this Period 2950.00
	FEC ID number of contributing federal political committee. C	150.00 BI-WEEKLY
	Name of Employer GENTIVA HEALTH SERVICES Occupation VP - GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2950.00	

B.	Full Name (Last, First, Middle Initial) JUDY BERNATH	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S	Transaction ID: SA11AI.4122
	City MELVILLE State NY Zip Code 11747	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	20.00 BI-WEEKLY
	Name of Employer GENTIVA HEALTH SERVICES Occupation AREA DIRECTOR, OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) JOHN CAMPERLENGO	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S	Transaction ID: SA11AI.4128
	City MELVILLE State NY Zip Code 11747	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	25.00 BI-WEEKLY
	Name of Employer GENTIVA HEALTH SERVICES Occupation SVP - CCO & DEPUTY GEN COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	3535.00
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 / 19
(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

<p>A. Full Name (Last, First, Middle Initial) BRUCE CARTER</p> <p>Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S</p> <p>City MELVILLE State NY Zip Code 11747</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer GENTIVA HEALTH SERVICES Occupation RVP - OPERATIONS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: SA11AI.4130</p> <p>Amount of Each Receipt this Period 260.00</p> <p>20.00 BI-WEEKLY</p>
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<p>B. Full Name (Last, First, Middle Initial) DOUGLAS DAHLGARD</p> <p>Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S</p> <p>City MELVILLE State NY Zip Code 11747</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer GENTIVA HEALTH SERVICES Occupation VP - TAX</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 455.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: SA11AI.4142</p> <p>Amount of Each Receipt this Period 455.00</p> <p>25.00 BI-WEEKLY</p>
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<p>C. Full Name (Last, First, Middle Initial) DAVID GIERINGER</p> <p>Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S</p> <p>City MELVILLE State NY Zip Code 11747</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer GENTIVA HEALTH SERVICES Occupation VP - ACCOUNTING & CONTROLLER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 480.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: SA11AI.4155</p> <p>Amount of Each Receipt this Period 480.00</p> <p>20.00 BI-WEEKLY</p>
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SUBTOTAL of Receipts This Page (optional)	1195.00
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 8 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) NANCY GUERLAND	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S	Transaction ID: SA11AI.4178
	City MELVILLE State NY Zip Code 11747	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	20.00 BI-WEEKLY
	Name of Employer GENTIVA HEALTH SERVICES Occupation AVP - OPERATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 240.00	

B.	Full Name (Last, First, Middle Initial) MONICA HULLINGER	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S	Transaction ID: SA11AI.4194
	City MELVILLE State NY Zip Code 11747	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	20.00 BI-WEEKLY
	Name of Employer GENTIVA HEALTH SERVICES Occupation VP - HOME HEALTH OPERATIONS 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) MARY JALWAN	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S	Transaction ID: SA11AI.4196
	City MELVILLE State NY Zip Code 11747	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	20.00 BI-WEEKLY
	Name of Employer GENTIVA HEALTH SERVICES Occupation RVP - SALES 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)	760.00
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 / 19
	<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) MARTA ALLIS KNOWLES	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S	Transaction ID: SA11AI.4204
	City MELVILLE State NY Zip Code 11747	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	50.00 BI-WEEKLY
	Name of Employer GENTIVA HEALTH SERVICES Occupation PROJECT COORD (NE) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 600.00	

B.	Full Name (Last, First, Middle Initial) JOANNE LITTLE	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S	Transaction ID: SA11AI.4215
	City MELVILLE State NY Zip Code 11747	Amount of Each Receipt this Period 390.00
	FEC ID number of contributing federal political committee. C	30.00 BI-WEEKLY
	Name of Employer GENTIVA HEALTH SERVICES Occupation ASSISTANT GENERAL COUNSEL 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) MARY MUCHOW	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S	Transaction ID: SA11AI.4236
	City MELVILLE State NY Zip Code 11747	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	20.00 BI-WEEKLY
	Name of Employer GENTIVA HEALTH SERVICES Occupation DIR - CLINICAL OPERATIONS 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)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 19
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) STEPHEN PAIGE		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S		Transaction ID: SA11AI.4246
City MELVILLE	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 780.00
Name of Employer GENTIVA HEALTH SERVICES	Occupation SVP - GEN COUNSEL & SECRETARY	60.00 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) TODD SEXE		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S		Transaction ID: SA11AI.4262
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	Occupation VP - HOME HEALTH OPERATIONS	20.00 BI-WEEKLY
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) RUTH SMITH		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S		Transaction ID: SA11AI.4276
City MELVILLE	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer GENTIVA HEALTH SERVICES	Occupation BRANCH DIRECTOR	25.00 BI-WEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	1265.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 19
(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) MARTHA STEPHENS		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S		Transaction ID: SA11AI.4280
City MELVILLE	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GENTIVA HEALTH SERVICES	Occupation DIR - CLINICAL OPERATIONS (GC)	ONE TIME CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) CHARLOTTE WEAVER		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S		Transaction ID: SA11AI.4302
City MELVILLE	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 975.00
Name of Employer GENTIVA HEALTH SERVICES	Occupation SVP & CHIEF CLINICAL OFFICER	75.00 BI-WEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

C.

Full Name (Last, First, Middle Initial) MARY WOLLSTEIN		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200S		Transaction ID: SA11AI.4308
City MELVILLE	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer GENTIVA HEALTH SERVICES	Occupation VP - BUSINESS INITIATIVES	ONE TIME CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	4225.00
TOTAL This Period (last page this line number only)	12230.00

**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 12 / 19

<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.4369

Date of Disbursement

Mailing Address 3 HUNTINGTON QUADRANGLE
SUITE 200S

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

City MELVILLE State NY Zip Code 11747

Amount of Each Disbursement this Period

200.99

Purpose of Disbursement
ACCOUNT ANALYSIS FEES

--

Candidate Name

Category/
Type

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

A.	Full Name (Last, First, Middle Initial) SHELLEY BERKLEY	Transaction ID: SB23.4339 Date of Disbursement
	Mailing Address 3069 CONQUISTA COURT	<input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City LAS VEGAS State NV Zip Code 89121	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name SHELLEY BERKLEY	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SHELLEY BERKLEY	Transaction ID: SB23.4351 Date of Disbursement
	Mailing Address 3069 CONQUISTA COURT	<input type="text" value="12"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City LAS VEGAS State NV Zip Code 89121	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name SHELLEY BERKLEY	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.4332 Date of Disbursement
	Mailing Address 5905 Wimbledon Court	<input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
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

A.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.4344 Date of Disbursement
	Mailing Address 5905 Wimbledon Court	<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: SB23.4350 Date of Disbursement
	Mailing Address 5905 Wimbledon Court	<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	<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: SB23.4347 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 BENJAMIN L CARDIN	<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

A.	Full Name (Last, First, Middle Initial) TRAVIS W CHILDERS	Transaction ID: SB23.4352 Date of Disbursement 12 / 03 / 2009
	Mailing Address 201 HIDDEN HILLS	Amount of Each Disbursement this Period 1000.00
	City BOONEVILLE State MS Zip Code 38829	
	Purpose of Disbursement	003 Category/Type
	Candidate Name TRAVIS W CHILDERS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SUSAN M COLLINS	Transaction ID: SB23.4334 Date of Disbursement 07 / 20 / 2009
	Mailing Address 223 NOWELL ROAD	Amount of Each Disbursement this Period 1000.00
	City BANGOR State ME Zip Code 04401	
	Purpose of Disbursement	003 Category/Type
	Candidate Name SUSAN M COLLINS	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BART GORDON	Transaction ID: SB23.4354 Date of Disbursement 12 / 03 / 2009
	Mailing Address 940 EAST NORTHFIELD BOULEVARD	Amount of Each Disbursement this Period 1000.00
	City MURFREESBORO State TN Zip Code 37130	
	Purpose of Disbursement	003 Category/Type
	Candidate Name TRAVIS W CHILDERS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PARKER DR. GRIFFITH	Transaction ID: SB23.4356
	Mailing Address P.O. Box 2916	Date of Disbursement 12 / 03 / 2009
	City Huntsville State AL Zip Code 35804	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	003 Category/Type
	Candidate Name PARKER DR. GRIFFITH	
	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: SB23.4341
	Mailing Address 4201 Northview Drive, Suite 307	Date of Disbursement 09 / 15 / 2009
	City Bowie State MD Zip Code 20716	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	003 Category/Type
	Candidate Name STENY HAMILTON HOYER	
	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: SB23.4329
	Mailing Address 103 SEWANNEE AVE N W	Date of Disbursement 07 / 06 / 2009
	City ATLANTA State GA Zip Code 30314	Amount of Each Disbursement this Period 1500.00
	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JOHN H SR LEWIS Mailing Address 103 SEWANNEE AVE N W City ATLANTA State GA Zip Code 30314 Purpose of Disbursement 003 Candidate Name JOHN H SR LEWIS 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: GA District: 05	Transaction ID: SB23.4338 Date of Disbursement 08 / 24 / 2009 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) JOHN H SR LEWIS Mailing Address 103 SEWANNEE AVE N W City ATLANTA State GA Zip Code 30314 Purpose of Disbursement 003 Candidate Name JOHN H SR LEWIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 05	Transaction ID: SB23.4343 Date of Disbursement 09 / 15 / 2009 Amount of Each Disbursement this Period 3000.00
C.	Full Name (Last, First, Middle Initial) JAMES MATHESON Mailing Address PO BOX 521048 City SALT LAKE CITY State UT Zip Code 84152 Purpose of Disbursement 003 Candidate Name JAMES MATHESON 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: UT District: 02	Transaction ID: SB23.4358 Date of Disbursement 12 / 03 / 2009 Amount of Each Disbursement this Period 1000.00

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)

PAGE 18 / 19

<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 MCGOVERN <hr/> Mailing Address 393 BURNCOAT ST <hr/> City Worcester State MA Zip Code 01606 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> 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) ▼	Transaction ID: SB23.4336 Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2009
	Amount of Each Disbursement this Period 500.00 Category/Type: 003
B. Full Name (Last, First, Middle Initial) PAT ROBERTS <hr/> Mailing Address PO BOX 792 <hr/> City DODGE CITY State KS Zip Code 67801 <hr/> Purpose of Disbursement <hr/> Candidate Name PAT ROBERTS <hr/> 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) ▼	Transaction ID: SB23.4348 Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type: 003
C. Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS <hr/> Mailing Address PO Box 360 PO BOX 374 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement <hr/> Candidate Name MICHAEL AVERY ROSS <hr/> 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) ▼	Transaction ID: SB23.4360 Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type: 003

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 19 / 19

<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

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: SB23.4345

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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