

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00407080

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 02 / 01 / 2012 through 02 / 29 / 2012

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 Eric Slusser [Electronically Filed] Date 03 / 12 / 2012

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		55216.67
(b) Cash on Hand at Beginning of Reporting Period.....	59322.32	
(c) Total Receipts (from Line 19) .....	6915.60	17558.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	66237.92	72774.87
7. Total Disbursements (from Line 31).....	7146.24	13683.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	59091.68	59091.68
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	2898.60	5485.50
(ii) Unitemized .....	4017.00	12072.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6915.60	17558.20
(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) .....	6915.60	17558.20
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 Transfers (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))..... ▶	6915.60	17558.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6915.60	17558.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	36.24	73.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36.24	73.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	12500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	1110.00	1110.00
(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)).....	1110.00	1110.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	7146.24	13683.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7146.24	13683.19

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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) .....	6915.60	17558.20
34. Total Contribution Refunds (from Line 28(d)) .....	1110.00	1110.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5805.60	16448.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	36.24	73.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	36.24	73.19

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Refund for C Buono includes \$45 from 2012, \$390 from 2011, and \$120 from 2010 contributions. Refund for J David includes \$15 from 2012 and \$35 from 2011 contributions. Refund for C Hatch includes \$15 from 2012, \$130 from 2011, and \$100 from 2010 contributions. Refund for L Marion includes \$15 from 2012 and \$20 from 2011 contributions. Refund for D Rodgers includes \$10 from 2012, \$195 from 2011, and \$20 from 2010 contributions.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<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. Mara Benner**  
Full Name (Last, First, Middle Initial)

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 Vice President Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **02 / 29 / 2012**  
**Transaction ID : SA11AI.8181**

Amount of Each Receipt this Period **300.00**

Bi-weekly payroll deduction \$150

**B. David Causby**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation VP - Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 29 / 2012**  
**Transaction ID : SA11AI.8192**

Amount of Each Receipt this Period **200.00**

Bi-weekly payroll deduction \$100

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

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Branch Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **-30.00**

Date of Receipt **02 / 29 / 2012**  
**Transaction ID : SA11AI.8199**

Amount of Each Receipt this Period **5.00**

**SUBTOTAL** of Receipts This Page (optional)..... **505.00**

**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 OF 17
<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**

Full Name (Last, First, Middle Initial) <b>A. Indy Edwards</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : SA11AI.8203</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 140.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C	Name of Employer Gentiva	Occupation AVP - Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	Bi-weekly payroll deduction \$70

Full Name (Last, First, Middle Initial) <b>B. John Hamilton</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : SA11AI.8218</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 100.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C	Name of Employer Gentiva	Occupation VP - Compliance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Bi-weekly payroll deduction \$50

Full Name (Last, First, Middle Initial) <b>C. Christine Hatch</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : SA11AI.8220</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 5.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.00
<b>TOTAL</b> 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 OF 17
<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. Jane Heideman**  
 Full Name (Last, First, Middle Initial)  
 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 - Accounting  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **02 / 29 / 2012**  
**Transaction ID : SA11AI.8222**  
 Amount of Each Receipt this Period **90.00**  
 Bi-weekly payroll deduction \$45

**B. John Karr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3350 Riverwood Pkwy  
 Ste 1400  
 City Atlanta State GA Zip Code 30339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gentiva Occupation VP - Compensation & Benefits  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 29 / 2012**  
**Transaction ID : SA11AI.8231**  
 Amount of Each Receipt this Period **100.00**  
 Bi-weekly payroll deduction \$50

**C. Christopher Macinnis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3350 Riverwood Pkwy  
 Ste 1400  
 City Atlanta State GA Zip Code 30339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gentiva Occupation RVP - Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 29 / 2012**  
**Transaction ID : SA11AI.8239**  
 Amount of Each Receipt this Period **120.00**  
 Bi-weekly payroll deduction \$60

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>310.00</b>
<b>TOTAL</b> 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 OF 17
<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**

Full Name (Last, First, Middle Initial) <b>A. Lawrence Marion</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : SA11AI.8240</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 5.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -15.00
Name of Employer Gentiva	Occupation Area Director Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -15.00	

Full Name (Last, First, Middle Initial) <b>B. Barbara Moyer</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : SA11AI.8252</b>
Mailing Address 3350 Riverwood Pkwy Ste 1400		Amount of Each Receipt this Period 55.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction \$5
Name of Employer Gentiva	Occupation AVP - Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>C. Michelle Newton</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : SA11AI.8259</b>
Mailing Address 3350 Riverwood Pkwy Suite 1400		Amount of Each Receipt this Period 90.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction \$45
Name of Employer Gentiva	Occupation AVP - Operations (Hosp)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 OF 17  
(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**

Full Name (Last, First, Middle Initial)  
**A. Benjamin Peirce**

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 Manager Wound Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 214.00

Date of Receipt  
 02 / 29 / 2012  
**Transaction ID : SA11AI.8267**

Amount of Each Receipt this Period  
 14.00

Bi-weekly payroll deduction \$7

Full Name (Last, First, Middle Initial)  
**B. Jerrold Perchik**

Mailing Address 3350 Riverwood Pkwy  
 Suite 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation VP - Assoc Gen Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 29 / 2012  
**Transaction ID : SA11AI.8265**

Amount of Each Receipt this Period  
 100.00

Bi-weekly payroll deduction \$50

Full Name (Last, First, Middle Initial)  
**C. Jeff Shaner**

Mailing Address 3350 Riverwood Pkwy  
 Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Division VP of Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 02 / 29 / 2012  
**Transaction ID : SA11AI.8278**

Amount of Each Receipt this Period  
 300.00

Bi-weekly payroll deduction \$150

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 414.00

**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 OF 17
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Eric Slusser**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 29 / 2012**

**Transaction ID : SA11AI.8283**

Amount of Each Receipt this Period **200.00**

Bi-weekly payroll deduction \$100

**B. Frederick Spight**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation AVP - Purchasing & Supply Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **02 / 29 / 2012**

**Transaction ID : SA11AI.8285**

Amount of Each Receipt this Period **90.00**

Bi-weekly payroll deduction \$45

**C. Paul Stein**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation VP - IS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 29 / 2012**

**Transaction ID : SA11AI.8286**

Amount of Each Receipt this Period **100.00**

Bi-weekly payroll deduction \$50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>390.00</b>
<b>TOTAL</b> 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 13 OF 17
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Harmon Strange**

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 President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **961.50**

Date of Receipt **02 / 29 / 2012**

**Transaction ID : SA11AI.8287**

Amount of Each Receipt this Period **384.60**

Bi-weekly payroll deduction \$192.30

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

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 29 / 2012**

**Transaction ID : SA11AI.8296**

Amount of Each Receipt this Period **100.00**

Bi-weekly payroll deduction \$50

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

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 29 / 2012**

**Transaction ID : SA11AI.8297**

Amount of Each Receipt this Period **200.00**

Bi-weekly payroll deduction \$100

**SUBTOTAL** of Receipts This Page (optional)..... **684.60**

**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 14 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Cheryl White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3350 Riverwood Pkwy  
 Ste 1400  
 City Atlanta State GA Zip Code 30339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gentiva Occupation Area Director Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : SA11AI.8301**  
 Amount of Each Receipt this Period  
 100.00  
 Bi-weekly payroll deduction \$50

**B. Douglas Wray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3350 Riverwood Pkwy  
 Ste 1400  
 City Atlanta State GA Zip Code 30339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gentiva Occupation AVP - Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : SA11AI.8305**  
 Amount of Each Receipt this Period  
 100.00  
 Bi-weekly payroll deduction \$50

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2898.60

**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**

Full Name (Last, First, Middle Initial)

**A. BEN CHANDLER FOR CONGRESS**

Mailing Address P. O. BOX 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement

003

Category/  
Type

Candidate Name

**A.B. III CHANDLER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2012

Transaction ID : **SB23.8157**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BILL NELSON FOR U S SENATE**

Mailing Address 500 RED SAIL WAY

City SATELITE BEACH State FL Zip Code 32937

Purpose of Disbursement

003

Category/  
Type

Candidate Name

**BILL NELSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2012

Transaction ID : **SB23.8163**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CANTOR FOR CONGRESS**

Mailing Address P.O. BOX 17813

City RICHMOND State VA Zip Code 23226

Purpose of Disbursement

003

Category/  
Type

Candidate Name

**ERIC CANTOR**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

Transaction ID : **SB23.8161**

Amount of Each Disbursement this Period

1000.00

**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**

Full Name (Last, First, Middle Initial)

**A. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement

003

Candidate Name  
**ORRIN G HATCH**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: UT District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2012

Transaction ID : **SB23.8156**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JOHN LEWIS FOR CONGRESS**

Mailing Address 303 Peachtree Street, NE  
Suite 5300

City State Zip Code  
Atlanta GA 30308

Purpose of Disbursement

003

Candidate Name  
**JOHN H SR LEWIS**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: GA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 13 / 2012

Transaction ID : **SB23.8159**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 361

City State Zip Code  
CHRISTIANSBURG VA 24068

Purpose of Disbursement

003

Candidate Name  
**H MORGAN GRIFFITH**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: VA District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 02 / 2012

Transaction ID : **SB23.8154**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

6000.00



**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)

<input 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 checked="" 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**

Full Name (Last, First, Middle Initial)

**A. Christy Buono**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Refund of contributions from 2010, 2011, 2012

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.8166**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Christine Hatch**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Refund of contributions from 2010, 2011, 2012

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.8169**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Deborra Rodgers**

Mailing Address 3350 Riverwood Pkwy  
Ste 1400

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Refund of contributions from 2011, 2012

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.8171**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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