

# 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 01 01 2006 through 03 31 2006

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 04 13 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		26621.06
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	26621.06									
(c) Total Receipts (from Line 19) .....	5794.00	5794.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	32415.06	32415.06								
7. Total Disbursements (from Line 31) .....	3000.00	3000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29415.06	29415.06								
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: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	2576.00	2576.00
(i) Itemized (use Schedule A) .....	3218.00	3218.00
(ii) Unitemized .....	5794.00	5794.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5794.00	5794.00
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)) .....	5794.00	5794.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5794.00	5794.00

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
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))..	3000.00	3000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3000.00	3000.00

**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) .....	5794.00	5794.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5794.00	5794.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 9
	<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

Full Name (Last, First, Middle Initial) <b>A. Robert Creamer</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		<b>Transaction ID: SA11A1.4341</b>	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$30.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President Home Healthcare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Hannah</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		<b>Transaction ID: SA11A1.4348</b>	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 210.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$30.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Information Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. Joanne Kassebaum</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		<b>Transaction ID: SA11A1.4353</b>	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 280.00		
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$40.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	715.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 9
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Alfred Lebel		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		<b>Transaction ID:</b> SA11A1.4354
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 231.00
Name of Employer Gentiva Health Services Inc.	Occupation VP - Financial Operations	Payroll Deduction \$33.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

Full Name (Last, First, Middle Initial) <b>B.</b> James May, Jr.		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		<b>Transaction ID:</b> SA11A1.4358
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 210.00
Name of Employer Gentiva Health Services Inc.	Occupation Assistant Vice President Human Res	Payroll Deduction \$30.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mary Morrissey-Gabriel		Date of Receipt MM / DD / YYYY 01 / 05 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		<b>Transaction ID:</b> SA11A1.4326
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Gentiva Health Services Inc.	Occupation Senior VP & Chief Marketing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1441.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 9	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

Mailing Address 3 Huntington Quadrangle  
Suite 200S

City State Zip Code  
Melville NY 11747

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

Name of Employer Occupation  
Gentiva Health Services Senior Vice President/General Counsel  
Inc.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: SA11A1.4364

Amount of Each Receipt this Period  
420.00

Payroll Deduction \$60.00  
Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>420.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>2576.00</b>



**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 9 / 9

<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

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) <b>A. BEN CARDIN FOR SENATE</b>		<b>Transaction ID: SB23.4328</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address PO BOX 65056		Amount of Each Disbursement this Period 1000.00
City BALTIMORE State MD Zip Code 21209	003 Category/ Type	
Purpose of Disbursement Fundraising Expenses		
Candidate Name BENJAMIN L CARDIN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ENGEL FOR CONGRESS</b>		<b>Transaction ID: SB23.4331</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 462 California Road		Amount of Each Disbursement this Period 1000.00
City Bronxville State NY Zip Code 10708	003 Category/ Type	
Purpose of Disbursement Fundraising Expenses		
Candidate Name ELIOT ENGEL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SANTORUM 2006</b>		<b>Transaction ID: SB23.4377</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address ONE TOWER BRIDGE SUITE 1440		Amount of Each Disbursement this Period 1000.00
City WEST CONSHOHOCKEN State PA Zip Code 19428	003 Category/ Type	
Purpose of Disbursement Fundraising Expenses		
Candidate Name RICHARD J SANTORUM		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3000.00