

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
MELVILLE NY 11747
 Check if different than previously reported. (ACC)

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 2006 through 09 30 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 10 11 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**

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	6

 To:

M	M
0	9

D	D
3	0

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	26857.06									
(c) Total Receipts (from Line 19)	8404.00	18140.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35261.06	44761.06								
7. Total Disbursements (from Line 31)	13000.00	22500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22261.06	22261.06								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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	6

 To:

M	M
0	9

D	D
3	0

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	7597.00	12511.00
(i) Itemized (use Schedule A)	807.00	5629.00
(ii) Unitemized	8404.00	18140.00
(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)	8404.00	18140.00
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))	8404.00	18140.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8404.00	18140.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 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.....	13000.00	22500.00
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))..	13000.00	22500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	13000.00	22500.00

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	8404.00	18140.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8404.00	18140.00
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 / 59
	<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)
Susan Allen

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
Gentiva Health Services Inc.

Occupation
Senior Regional VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2006

Transaction ID: SA11A1.4464

Amount of Each Receipt this Period
20.00

Payroll Deduction \$20.00
Biweekly

B. Full Name (Last, First, Middle Initial)
Susan Allen

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
Gentiva Health Services Inc.

Occupation
Senior Regional VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2006

Transaction ID: SA11A1.4499

Amount of Each Receipt this Period
20.00

Payroll Deduction \$20.00
Biweekly

C. Full Name (Last, First, Middle Initial)
Susan Allen

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
Gentiva Health Services Inc.

Occupation
Senior Regional VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2006

Transaction ID: SA11A1.4500

Amount of Each Receipt this Period
20.00

Payroll Deduction \$20.00
Biweekly

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL 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: (check only one)	PAGE 7 / 59
	<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

Full Name (Last, First, Middle Initial) A. Susan Allen		Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4501	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation Senior Regional VP Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) B. Susan Allen		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4502	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation Senior Regional VP Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) C. Susan Allen		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4504	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation Senior Regional VP Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	80.00
TOTAL 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 8 / 59
	<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

Full Name (Last, First, Middle Initial) A. James Andrews		Date of Receipt MM / DD / YYYY 07 / 07 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4465
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Financial Services Unit	Payroll Deduction \$15.00 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. James Andrews		Date of Receipt MM / DD / YYYY 07 / 21 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4505
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Financial Services Unit	Payroll Deduction \$15.00 Biweekly
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) C. James Andrews		Date of Receipt MM / DD / YYYY 08 / 04 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4506
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Financial Services Unit	Payroll Deduction \$15.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL 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: (check only one)	PAGE 9 / 59
	<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

Full Name (Last, First, Middle Initial) A. James Andrews		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4507	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Financial Services Unit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) B. James Andrews		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4508	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Financial Services Unit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. James Andrews		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4509	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Financial Services Unit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL 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: (check only one)	PAGE 10 / 59
	<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)
James Andrews

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 Inc. AVP - Financial Services Unit

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: SA11A1.4510

Amount of Each Receipt this Period
15.00

Payroll Deduction \$15.00
Biweekly

B. Full Name (Last, First, Middle Initial)
John Aurelio

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 Inc. Regional VP Nursing Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2006

Transaction ID: SA11A1.4466

Amount of Each Receipt this Period
15.00

Payroll Deduction \$15.00
Biweekly

C. Full Name (Last, First, Middle Initial)
John Aurelio

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 Inc. Regional VP Nursing Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2006

Transaction ID: SA11A1.4511

Amount of Each Receipt this Period
15.00

Payroll Deduction \$15.00
Biweekly

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL 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: (check only one)	PAGE 11 / 59
	<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) A. John Aurelio		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4512
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Regional VP Nursing Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. John Aurelio		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4513
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Regional VP Nursing Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. John Aurelio		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4514
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Regional VP Nursing Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL 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 12 / 59
	<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

Full Name (Last, First, Middle Initial) A. John Aurelio		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4515
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Regional VP Nursing Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) B. John Aurelio		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4516
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Regional VP Nursing Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mara Benner		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4467
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$25.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	55.00
TOTAL 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 13 / 59
	<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) A. Mara Benner		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4517
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Mara Benner		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4518
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Mara Benner		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4519
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL 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 14 / 59
	<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

Full Name (Last, First, Middle Initial) A. Mara Benner		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4520
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Mara Benner		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4522
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) C. Mara Benner		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4523
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL 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 15 / 59
	<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

Full Name (Last, First, Middle Initial) A. David Bottle		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4468	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Carecentrix Procurement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) B. David Bottle		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4524	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Carecentrix Procurement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. David Bottle		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4525	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Carecentrix Procurement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	60.00

**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 16 / 59
	<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

Full Name (Last, First, Middle Initial) A. David Bottle		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4526	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Carecentrix Procurement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) B. David Bottle		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4527	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Carecentrix Procurement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. David Bottle		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4528	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Carecentrix Procurement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL 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 17 / 59
	<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

Full Name (Last, First, Middle Initial) A. David Bottle		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4529
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Carecentrix Procurement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Cindy Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4469
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly
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 ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Cindy Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4530
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly
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	

SUBTOTAL of Receipts This Page (optional) ▶	50.00
TOTAL 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: (check only one)	PAGE 18 / 59
	<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

Full Name (Last, First, Middle Initial) A. Cindy Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4531
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	payroll Deduction \$15.00 Biweekly	
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Cindy Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4532
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly	
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 ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Cindy Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4533
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly	
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 ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL 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 19 / 59
	<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

Full Name (Last, First, Middle Initial) A. Cindy Brown		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4534
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly
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 ▼ 285.00	

Full Name (Last, First, Middle Initial) B. Cindy Brown		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4535
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Robert Creamer		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4471
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		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 ▼ 435.00	

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL 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 20 / 59
	<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) A. Robert Creamer		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4542	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		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 ▼ 465.00		

Full Name (Last, First, Middle Initial) B. Robert Creamer		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4543	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		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 ▼ 495.00		

Full Name (Last, First, Middle Initial) C. Robert Creamer		Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4544	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		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 ▼ 525.00		

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL 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 21 / 59
	<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

Full Name (Last, First, Middle Initial) A. Robert Creamer		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4545
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		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 ▼ 555.00	

Full Name (Last, First, Middle Initial) B. Robert Creamer		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4546
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		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 ▼ 585.00	

Full Name (Last, First, Middle Initial) C. Robert Creamer		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4548
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		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 ▼ 615.00	

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL 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: (check only one)	PAGE 22 / 59
	<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

Full Name (Last, First, Middle Initial) A. Douglas Dahlgard		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4472
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Douglas Dahlgard		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4549
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Douglas Dahlgard		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4550
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL 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 23 / 59
	<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) A. Douglas Dahlgard		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4551	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) B. Douglas Dahlgard		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4554	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. Douglas Dahlgard		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4555	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL 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: (check only one)	PAGE 24 / 59
	<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) A. Douglas Dahlgard		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4556	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Philip Feldman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4476	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP Financial Operations		
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) C. Philip Feldman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4575	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP Financial Operations		
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) ▶	55.00
TOTAL 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 25 / 59
	<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

Full Name (Last, First, Middle Initial) A. Philip Feldman		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4576
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly	
Name of Employer Occupation Gentiva Health Services Inc. AVP Financial Operations	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Philip Feldman		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4579
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly	
Name of Employer Occupation Gentiva Health Services Inc. AVP Financial Operations	Aggregate Year-to-Date ▼ 255.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Philip Feldman		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4580
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly	
Name of Employer Occupation Gentiva Health Services Inc. AVP Financial Operations	Aggregate Year-to-Date ▼ 270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL 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: (check only one)	PAGE 26 / 59
	<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

Full Name (Last, First, Middle Initial) A. Philip Feldman		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4582
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly	
Name of Employer Occupation Gentiva Health Services Inc. AVP Financial Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) B. Philip Feldman		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4583
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 Biweekly	
Name of Employer Occupation Gentiva Health Services Inc. AVP Financial Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Michael Hannah		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4478
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$30.00 Biweekly	
Name of Employer Occupation Gentiva Health Services Inc. Vice President Information Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL 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: (check only one)	PAGE 27 / 59
	<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) A. Michael Hannah		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4590	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	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 ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Michael Hannah		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4591	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	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 ▼ 480.00		

Full Name (Last, First, Middle Initial) C. Michael Hannah		Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4592	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	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 ▼ 510.00		

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL 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 28 / 59
	<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

Full Name (Last, First, Middle Initial) A. Michael Hannah		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4593
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	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 ▼ 540.00	

Full Name (Last, First, Middle Initial) B. Michael Hannah		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4594
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	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 ▼ 570.00	

Full Name (Last, First, Middle Initial) C. Michael Hannah		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4595
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL 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 29 / 59
	<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

Full Name (Last, First, Middle Initial) A. Beatrice Hoffman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4479
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation AVP Managed Care	
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. Beatrice Hoffman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4596
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation AVP Managed Care	
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) C. Beatrice Hoffman		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4597
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly
Name of Employer Gentiva Health Services Inc.	Occupation AVP Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL 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 30 / 59
	<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

Full Name (Last, First, Middle Initial) A. Beatrice Hoffman		Date of Receipt MM / DD / YYYY 08 / 18 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4599
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP Managed Care	Payroll Deduction \$15.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Beatrice Hoffman		Date of Receipt MM / DD / YYYY 09 / 01 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4600
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP Managed Care	Payroll Deduction \$15.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Beatrice Hoffman		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4601
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP Managed Care	Payroll Deduction \$15.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL 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: (check only one)	PAGE 31 / 59
	<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

Full Name (Last, First, Middle Initial) A. Beatrice Hoffman		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4602	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP Managed Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Mary Jalwan		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4480	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation RVP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) C. Mary Jalwan		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4605	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation RVP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	55.00
TOTAL 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 32 / 59
	<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) A. Mary Jalwan		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4606	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation RVP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) B. Mary Jalwan		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4607	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation RVP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) C. Mary Jalwan		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4608	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation RVP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL 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: (check only one)	PAGE 33 / 59
	<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

Full Name (Last, First, Middle Initial) A. Mary Jalwan		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4609	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation RVP Sales	Aggregate Year-to-Date ▼ 380.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mary Jalwan		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4610	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation RVP Sales	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jennifer Johnson		Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4615	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 12.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$12.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation Branch Director	Aggregate Year-to-Date ▼ 204.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	52.00
TOTAL 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: (check only one)	PAGE 34 / 59
<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) A. Jennifer Johnson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4616
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 12.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$12.00 Biweekly	
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 ▼ 216.00	

Full Name (Last, First, Middle Initial) B. Jennifer Johnson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4618
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 12.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$12.00 Biweekly	
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 ▼ 228.00	

Full Name (Last, First, Middle Initial) C. Jennifer Johnson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4619
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 12.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$12.00 Biweekly	
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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	36.00
TOTAL 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 35 / 59
	<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) A. Joanne Kassebaum		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4482
City Melville State NY Zip Code 11747	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer Gentiva Health Services Inc. Occupation AVP - Marketing	Aggregate Year-to-Date ▼ 560.00	Payroll Deduction \$40.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joanne Kassebaum		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4620
City Melville State NY Zip Code 11747	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer Gentiva Health Services Inc. Occupation AVP - Marketing	Aggregate Year-to-Date ▼ 600.00	Payroll Deduction \$40.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joanne Kassebaum		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4621
City Melville State NY Zip Code 11747	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer Gentiva Health Services Inc. Occupation AVP - Marketing	Aggregate Year-to-Date ▼ 640.00	Payroll Deduction \$40.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL 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: (check only one)	PAGE 36 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Joanne Kassebaum

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: Gentiva Health Services Inc.
Occupation: AVP - Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2006

Transaction ID: SA11A1.4622

Amount of Each Receipt this Period
40.00

Payroll Deduction \$40.00
Biweekly

B. Full Name (Last, First, Middle Initial)
Joanne Kassebaum

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: Gentiva Health Services Inc.
Occupation: AVP - Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2006

Transaction ID: SA11A1.4623

Amount of Each Receipt this Period
40.00

Payroll Deduction \$40.00
Biweekly

C. Full Name (Last, First, Middle Initial)
Joanne Kassebaum

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: Gentiva Health Services Inc.
Occupation: AVP - Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 760.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2006

Transaction ID: SA11A1.4624

Amount of Each Receipt this Period
40.00

Payroll Deduction \$40.00
Biweekly

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL 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: (check only one)	PAGE 37 / 59
	<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

Full Name (Last, First, Middle Initial) A. Joanne Kassebaum		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4625
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Marketing	Payroll Deduction \$40.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Alfred Lebel		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4483
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.00
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 ▼ 462.00	

Full Name (Last, First, Middle Initial) C. Alfred Lebel		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4628
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.00
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 ▼ 495.00	

SUBTOTAL of Receipts This Page (optional)	106.00
TOTAL 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: (check only one)	PAGE 38 / 59
	<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) A. Alfred Lebel		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4629	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 33.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$33.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP - Financial Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 528.00		

Full Name (Last, First, Middle Initial) B. Alfred Lebel		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4630	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 33.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$33.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP - Financial Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 561.00		

Full Name (Last, First, Middle Initial) C. Alfred Lebel		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4631	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 33.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$33.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP - Financial Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 594.00		

SUBTOTAL of Receipts This Page (optional) ▶	99.00
TOTAL 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 39 / 59
	<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) A. Alfred Lebel		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4632
City State Zip Code Melville NY 11747	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 33.00
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 ▼ 627.00	

Full Name (Last, First, Middle Initial) B. Alfred Lebel		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4633
City State Zip Code Melville NY 11747	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 33.00
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 ▼ 660.00	

Full Name (Last, First, Middle Initial) C. James May, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4484
City State Zip Code Melville NY 11747	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
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 ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	▶	96.00
TOTAL 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: (check only one)	PAGE 40 / 59
<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) A. James May, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4634	
City State Zip Code Melville NY 11747		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$30.00 Biweekly	
Name of Employer Occupation Gentiva Health Services Assistant Vice President Human Res Inc.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. James May, Jr.		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4636	
City State Zip Code Melville NY 11747		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$30.00 Biweekly	
Name of Employer Occupation Gentiva Health Services Assistant Vice President Human Res Inc.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Lynn McGuire		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4486	
City State Zip Code Melville NY 11747		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly	
Name of Employer Occupation Gentiva Health Services Branch Director Inc.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	85.00
TOTAL 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: (check only one)	PAGE 41 / 59
	<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

Full Name (Last, First, Middle Initial) A. Lynn McGuire		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4643
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
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 ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Lynn McGuire		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4644
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Lynn McGuire		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4645
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
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 ▼ 425.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL 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 42 / 59
	<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

Full Name (Last, First, Middle Initial) A. Lynn McGuire		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4647
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Lynn McGuire		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4649
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
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 ▼ 475.00	

Full Name (Last, First, Middle Initial) C. Lynn McGuire		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4650
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25.00 Biweekly
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL 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: (check only one)	PAGE 43 / 59
	<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) A. Margo Nemet		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4653	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 12.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$12.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation Director Compliance Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00		

Full Name (Last, First, Middle Initial) B. Margo Nemet		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4654	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 12.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$12.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation Director Compliance Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) C. Margo Nemet		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4655	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 12.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$12.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation Director Compliance Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

SUBTOTAL of Receipts This Page (optional) ▶	36.00
TOTAL 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 44 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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) A. Margo Nemet		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4656	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 12.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$12.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation Director Compliance Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. Stephen Paige		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4489	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$60.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President/General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

Full Name (Last, First, Middle Initial) C. Stephen Paige		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4658	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$60.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President/General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

SUBTOTAL of Receipts This Page (optional) ▶	132.00
TOTAL 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 45 / 59
	<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

Full Name (Last, First, Middle Initial) A. Stephen Paige		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4659	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$60.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President/General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00		

Full Name (Last, First, Middle Initial) B. Stephen Paige		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4660	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$60.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President/General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00		

Full Name (Last, First, Middle Initial) C. Stephen Paige		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4662	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$60.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President/General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00		

SUBTOTAL of Receipts This Page (optional) ▶	180.00
TOTAL 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 46 / 59
	<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

Full Name (Last, First, Middle Initial) A. Stephen Paige		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4663
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C	Payeroll Deduction \$60.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice Preisdent/General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00	

Full Name (Last, First, Middle Initial) B. Stephen Paige		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4664
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$60.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice Preisdent/General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. John Potapchuk		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4679
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 3500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Gentiva Health Services Inc.	Occupation SVP & Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

SUBTOTAL of Receipts This Page (optional) ▶	3620.00
TOTAL 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: (check only one)	PAGE 47 / 59
	<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

Full Name (Last, First, Middle Initial) A. Susan Sender		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4492
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gentiva Health Services Inc.	Occupation VP & Chief Nursing Executive	Payroll Deduction \$20.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Susan Sender		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4680
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gentiva Health Services Inc.	Occupation VP & Chief Nursing Executive	Payroll Deduction \$20.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Susan Sender		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4681
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gentiva Health Services Inc.	Occupation VP & Chief Nursing Executive	Payroll Deduction \$20.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL 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: (check only one)	PAGE 48 / 59
	<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

Full Name (Last, First, Middle Initial) A. Susan Sender		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4682
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly	
Name of Employer Occupation Gentiva Health Services Inc. VP & Chief Nursing Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. Susan Sender		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4683
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly	
Name of Employer Occupation Gentiva Health Services Inc. VP & Chief Nursing Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Susan Sender		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4684
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly	
Name of Employer Occupation Gentiva Health Services Inc. VP & Chief Nursing Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL 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: (check only one)	PAGE 49 / 59
	<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

Full Name (Last, First, Middle Initial) A. Susan Sender		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4685	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP & Chief Nursing Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Todd Sexe		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4493	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP Home Health Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) C. Todd Sexe		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4688	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP Home Health Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL 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 50 / 59
	<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

Full Name (Last, First, Middle Initial) A. Todd Sexe		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4689	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation VP Home Health Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) B. Todd Sexe		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4690	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation VP Home Health Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) C. Todd Sexe		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4691	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation VP Home Health Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL 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 51 / 59
	<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

Full Name (Last, First, Middle Initial) A. Todd Sexe		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4692	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP Home Health Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) B. Todd Sexe		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4693	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP Home Health Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. W. Berry Sowell		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4702	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gentiva Health Services, Inc.	Occupation VP, Provider Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	640.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 59
	<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

Full Name (Last, First, Middle Initial) A. Cynthia Thackston		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4496
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly
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 ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Cynthia Thackston		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4710
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly
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	

Full Name (Last, First, Middle Initial) C. Cynthia Thackston		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4711
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly
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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL 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: (check only one)	PAGE 53 / 59
	<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

Full Name (Last, First, Middle Initial) A. Cynthia Thackston		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4712	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
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 ▼ 255.00		

Full Name (Last, First, Middle Initial) B. Cynthia Thackston		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4713	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
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 ▼ 270.00		

Full Name (Last, First, Middle Initial) C. Cynthia Thackston		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4714	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
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 ▼ 285.00		

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL 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 54 / 59
	<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

Full Name (Last, First, Middle Initial) A. Cynthia Thackston		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4715	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Deborah Thompson		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4497	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
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 ▼ 210.00		

Full Name (Last, First, Middle Initial) C. Deborah Thompson		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4716	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
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		

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL 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: (check only one)	PAGE 55 / 59
	<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) A. Deborah Thompson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4717	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
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 ▼ 240.00		

Full Name (Last, First, Middle Initial) B. Deborah Thompson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4718	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
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 ▼ 255.00		

Full Name (Last, First, Middle Initial) C. Deborah Thompson		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4720	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
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 ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL 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:	PAGE 56 / 59
	(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)
Deborah Thompson

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 Inc. Branch Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2006

Transaction ID: SA11A1.4721

Amount of Each Receipt this Period
15.00

Payroll Deduction \$15.00
Biweekly

B. Full Name (Last, First, Middle Initial)
Deborah Thompson

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 Inc. Branch Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2006

Transaction ID: SA11A1.4722

Amount of Each Receipt this Period
15.00

Payroll Deduction \$15.00
Biweekly

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	7597.00

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 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. CONGRESSMAN JOE BARTON COMMITTEE, THE		Transaction ID: SB23.4735 Date of Disbursement
Mailing Address P.O. Box 1444		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City Ennis	State TX	Zip Code 75120
Purpose of Disbursement Fundraising Expenses	<input type="text" value="003"/> Category/ Type	
Candidate Name JOE L BARTON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 06	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. FRIENDS OF JAY ROCKEFELLER		Transaction ID: SB23.4731 Date of Disbursement
Mailing Address PO BOX 1909		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City CHARLESTON	State WV	Zip Code 25327
Purpose of Disbursement Fundraising Expenses	<input type="text" value="003"/> Category/ Type	
Candidate Name JOHN DAVISON IV ROCKEFELLER		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District: 00	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. FRIENDS OF MAX BAUCUS		Transaction ID: SB23.4742 Date of Disbursement
Mailing Address PO BOX 586		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City HELENA	State MT	Zip Code 59624
Purpose of Disbursement Fundraising Expenses	<input type="text" value="003"/> Category/ Type	
Candidate Name MAX BAUCUS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT	District: 00	

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
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)

PAGE 58 / 59

<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. HEATHER WILSON FOR CONGRESS		Transaction ID: SB23.4730 Date of Disbursement
Mailing Address P.O. BOX 14070 P.O. BOX 14070		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City ALBUQUERQUE	State NM	Zip Code 87191
Purpose of Disbursement Fundraising Expenses	<input type="text" value="003"/> Category/ Type	
Candidate Name HEATHER A. WILSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District: 01	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. HEATHER WILSON FOR CONGRESS		Transaction ID: SB23.4741 Date of Disbursement
Mailing Address P.O. BOX 14070 P.O. BOX 14070		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City ALBUQUERQUE	State NM	Zip Code 87191
Purpose of Disbursement Fundraising Expenses	<input type="text" value="003"/> Category/ Type	
Candidate Name HEATHER A. WILSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District: 01	
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) C. MCCREERY FOR CONGRESS COMMITTEE		Transaction ID: SB23.4736 Date of Disbursement
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City Shreveport	State LA	Zip Code 71135
Purpose of Disbursement Fundraising Expenses	<input type="text" value="003"/> Category/ Type	
Candidate Name MCCREERY FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District: 04	
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
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)

PAGE 59 / 59

<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. MCCRERY FOR CONGRESS COMMITTEE

Mailing Address Post Office Box 52956
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement
Fundraising Expenses

Candidate Name
JAMES OTIS III MCCRERY

Office Sought: House
 Senate
 President
State: LA District: 04

Disbursement For: 2006
 Primary General
 Other (specify) ▼

003
Category/
Type

Transaction ID: SB23.4740

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

13000.00