

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 3 HUNTINGTON QUADRANGLE
SUITE 200S
 Check if different than previously reported. (ACC)
MELVILLE NY 11747-4627

2. **FEC IDENTIFICATION NUMBER** C00407080
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2007 through 06 30 2007

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 07 31 2007

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		22551.06
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	22551.06									
(c) Total Receipts (from Line 19)	17066.00	17066.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39617.06	39617.06								
7. Total Disbursements (from Line 31)	15501.01	15501.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24116.05	24116.05								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	13581.00	13581.00
(i) Itemized (use Schedule A)	3485.00	3485.00
(ii) Unitemized	17066.00	17066.00
(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)	17066.00	17066.00
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))	17066.00	17066.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17066.00	17066.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1.01	1.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1.01	1.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	15500.00
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))..	15501.01	15501.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15501.01	15501.01

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)	17066.00	17066.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17066.00	17066.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1.01	1.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1.01	1.01

**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 / 18
	<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	

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. James Andrews		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4856
City State Zip Code Melville NY 11747	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 225.00
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) B. John Aurelio		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4857
City State Zip Code Melville NY 11747	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 225.00
Name of Employer Gentiva Health Services Inc.	Occupation Regional VP Nursing Operations	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. Brian Bacon		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4858
City State Zip Code Melville NY 11747	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 210.00
Name of Employer Gentiva Health Services Inc.	Occupation Branch Director	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	

SUBTOTAL of Receipts This Page (optional)	660.00
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 / 18
	<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)
Mara Benner

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
Vice President Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: SA11A1.4861

Amount of Each Receipt this Period
375.00

Payroll Deduction - \$25.00
Biweekly

B. Full Name (Last, First, Middle Initial)
Thomas Boelsen

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
Vice President - CareCentrix

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: SA11A1.4862

Amount of Each Receipt this Period
350.00

Payroll Deduction - \$50.00
Biweekly

C. Full Name (Last, First, Middle Initial)
Cindy Brown

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
Branch Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: SA11A1.4865

Amount of Each Receipt this Period
225.00

Payroll Deduction - \$15.00
Biweekly

SUBTOTAL of Receipts This Page (optional)	950.00
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 8 / 18
	<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. Bruce Carter		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4871	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction - \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation RVP - 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. Robert Creamer		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4879	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 240.00		
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 ▼ 240.00		

Full Name (Last, First, Middle Initial) C. Douglas Dahlgard		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4880	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 375.00		
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		

SUBTOTAL of Receipts This Page (optional) ▶	855.00
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 9 / 18
	<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. Philip Feldman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4888	
City State Zip Code Melville NY 11747		Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction - \$15.00 Biweekly	
Name of Employer Occupation Gentiva Health Services AVP Financial Operations Inc.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Mary Jalwan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4904	
City State Zip Code Melville NY 11747		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction - \$20.00 Biweekly	
Name of Employer Occupation Gentiva Health Services RVP Sales Inc.			
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. Joanne Kassebaum		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4910	
City State Zip Code Melville NY 11747		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction - \$40.00 Biweekly	
Name of Employer Occupation Gentiva Health Services AVP - Marketing Inc.			
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) ▶	1125.00
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 / 18
	<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)
Alfred Lebel

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. VP - Financial Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 495.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.4915

Amount of Each Receipt this Period
495.00

Payroll Deduction - \$33.00
Biweekly

B. Full Name (Last, First, Middle Initial)
JoAnne Little

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. Asst General Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.4916

Amount of Each Receipt this Period
390.00

Payroll Deduction - \$30.00
Biweekly

C. Full Name (Last, First, Middle Initial)
Daniel Locker

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 Vice President Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.4917

Amount of Each Receipt this Period
231.00

Payroll Deduction - \$38.50
Biweekly

SUBTOTAL of Receipts This Page (optional)	1116.00
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 / 18
	<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. Kevin Marrazzo		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4918	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gentiva Health Services Inc.	Occupation Assistant Vice President Legal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Lynn McGuire		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4922	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 375.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gentiva Health Services Inc.	Occupation Branch Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		
		Payroll Deduction - \$25.00 Biweekly	

Full Name (Last, First, Middle Initial) C. Mary Muchow		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4923	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gentiva Health Services Inc.	Occupation Director, Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		Payroll Deduction - \$20.00 Biweekly	

SUBTOTAL of Receipts This Page (optional) ▶	925.00
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 12 / 18
	<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 Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4929	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 900.00		
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		

Full Name (Last, First, Middle Initial) B. Susan Sender		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4942	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 300.00		
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Todd Sexe		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4943	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 300.00		
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) ▶	1500.00
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 / 18
	<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. William Sowell, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4949
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Anthony Strange		Date of Receipt M M / D D / Y Y Y Y Y 02 / 12 / 2007
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4951
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Gentiva Health Services Inc.	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Cynthia Thackston		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4954
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 225.00	
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) ▶	6225.00
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:		PAGE 14 / 18	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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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 Branch Director
Inc.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.4955

Amount of Each Receipt this Period
225.00

Payroll Deduction - \$15.00
Biweekly

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	13581.00

**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. BEN CARDIN FOR SENATE		Transaction ID: SB23.4971 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address PO BOX 65056		Amount of Each Disbursement this Period 1000.00
City BALTIMORE State MD Zip Code 21209	003 Category/ Type	
Purpose of Disbursement Fundraising Expenses		
Candidate Name BENJAMIN L CARDIN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. COLLINS FOR SENATOR		Transaction ID: SB23.4973 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address PO BOX 1096		Amount of Each Disbursement this Period 1000.00
City BANGOR State ME Zip Code 04402	003 Category/ Type	
Purpose of Disbursement Fundraising Expenses		
Candidate Name SUSAN M COLLINS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. COLLINS FOR SENATOR		Transaction ID: SB23.4978 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address PO BOX 1096		Amount of Each Disbursement this Period 2500.00
City BANGOR State ME Zip Code 04402	003 Category/ Type	
Purpose of Disbursement Fundraising Expenses		
Candidate Name SUSAN M COLLINS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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: SB23.4966 Date of Disbursement
Mailing Address P.O. Box 1444		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 06		
		Amount of Each Disbursement this Period <input type="text" value="1500.00"/>

Full Name (Last, First, Middle Initial) B. ENGEL FOR CONGRESS		Transaction ID: SB23.4969 Date of Disbursement
Mailing Address 462 California Road		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Bronxville	State NY	Zip Code 10708
Purpose of Disbursement Fundraising Expenses	<input type="text" value="003"/> Category/ Type	
Candidate Name ELIOT ENGEL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 17		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. ENGEL FOR CONGRESS		Transaction ID: SB23.4976 Date of Disbursement
Mailing Address 462 California Road		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
City Bronxville	State NY	Zip Code 10708
Purpose of Disbursement Fundraising Expenses	<input type="text" value="003"/> Category/ Type	
Candidate Name ELIOT ENGEL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 17		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF JAY ROCKEFELLER		Transaction ID: SB23.4970 Date of Disbursement 02 / 28 / 2007
Mailing Address PO BOX 1909		Amount of Each Disbursement this Period 1000.00
City CHARLESTON	State WV	
Zip Code 25327		
Purpose of Disbursement Fundraising Expenses Candidate Name JOHN DAVISON IV ROCKEFELLER Category/Type 003		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 00		

Full Name (Last, First, Middle Initial) B. FRIENDS OF MAX BAUCUS		Transaction ID: SB23.4977 Date of Disbursement 06 / 05 / 2007
Mailing Address PO BOX 586		Amount of Each Disbursement this Period 2500.00
City HELENA	State MT	
Zip Code 59624		
Purpose of Disbursement Fundraising Expenses Candidate Name MAX BAUCUS Category/Type 003		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT District: 00		

Full Name (Last, First, Middle Initial) C. LAMPSON FOR CONGRESS		Transaction ID: SB23.4968 Date of Disbursement 02 / 13 / 2007
Mailing Address P.O. Box 58606		Amount of Each Disbursement this Period 1000.00
City Houston	State TX	
Zip Code 77258		
Purpose of Disbursement Fundraising Expenses Candidate Name NICHOLAS LAMPSON Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 22		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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. LAMPSON FOR CONGRESS		Transaction ID: SB23.4967 Date of Disbursement
Mailing Address P.O. Box 58606		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City Houston	State TX	Zip Code 77258
Purpose of Disbursement Fundraising Expenses	<input type="text" value="003"/> Category/ Type	
Candidate Name NICHOLAS LAMPSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 22	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) B. WHITFIELD FOR CONGRESS COMMITTEE		Transaction ID: SB23.4972 Date of Disbursement
Mailing Address P.O. BOX 391		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
City HOPKINSVILLE	State KY	Zip Code 42241
Purpose of Disbursement Fundraising Expenses	<input type="text" value="003"/> Category/ Type	
Candidate Name ED WHITFIELD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 01	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

SUBTOTAL of Disbursements This Page (optional) ►

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