

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

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 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Slusser

Signature of Treasurer Electronically Filed by Eric Slusser Date 05 25 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		17635.52
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	17635.52									
(c) Total Receipts (from Line 19)	34838.75	34838.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52474.27	52474.27								
7. Total Disbursements (from Line 31)	19167.30	19167.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33306.97	33306.97								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	21900.50	21900.50
(ii) Unitemized	12938.25	12938.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	34838.75	34838.75
(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)	34838.75	34838.75
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))	34838.75	34838.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34838.75	34838.75

DETAILED SUMMARY PAGE

of Disbursements

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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.....	167.30	167.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	167.30	167.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	19000.00
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))..	19167.30	19167.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19167.30	19167.30

DETAILED SUMMARY PAGE
of Disbursements

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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)	34838.75	34838.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34838.75	34838.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	167.30	167.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	167.30	167.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<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

A.	Full Name (Last, First, Middle Initial) John Aurelio	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5877
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 230.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$40 bi-weekly
	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 ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey Barr	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5880
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$50 bi-weekly
	Name of Employer: Gentiva Occupation: AVP - Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mara Benner	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5883
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 1050.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$150 bi-weekly
	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 ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional)	1530.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<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) Joseph Bettini	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5886
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$50 bi-weekly
	Name of Employer Gentiva Occupation Director Operations Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Robert Brunson	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5892
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 230.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$40 bi-weekly
	Name of Employer Gentiva Health Services Inc. Occupation AVP - Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) David Causby	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5900
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$100 bi-weekly
	Name of Employer Gentiva Occupation VP - Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<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) Douglas Dahlgard	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5911
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 245.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$35 bi-weekly
	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 245.00	

B.	Full Name (Last, First, Middle Initial) John Destefanis	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5916
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$100 bi-weekly
	Name of Employer: Gentiva Occupation: RVP - Hospice Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Indy Edwards	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5921
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$70 bi-weekly
	Name of Employer: Gentiva Occupation: AVP - Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional)	1095.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<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) Dave Gieringer		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5927		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 525.00	
	FEC ID number of contributing federal political committee. C		payroll deduction \$75 bi-weekly		
	Name of Employer Gentiva Health Services Inc.		Occupation Vice President Acctg / Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

B.	Full Name (Last, First, Middle Initial) Michael Grieco		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5932		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 210.00	
	FEC ID number of contributing federal political committee. C		payroll deduction \$40 bi-weekly		
	Name of Employer Gentiva Health Services Inc.		Occupation AVP - Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

C.	Full Name (Last, First, Middle Initial) Nancy Guerland		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5934		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 240.00	
	FEC ID number of contributing federal political committee. C		payroll deduction \$40 bi-weekly		
	Name of Employer Gentiva		Occupation AVP - Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

SUBTOTAL of Receipts This Page (optional)	975.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 26
(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) John Hamilton		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5940
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gentiva	Occupation VP - Compliance	payroll deduction \$50 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Timothy Hock		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5946
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gentiva	Occupation AVP - Operations	payroll deduction \$50 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Monica Hullinger		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5950
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Gentiva Health Services, Inc.	Occupation VP - Home Health Operations	payroll deduction \$40 bi-weekly
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)	740.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 26
	<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) Teresa Irish	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5952
	City Atlanta State GA Zip Code 30339	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: AVP - Operational Initiatives Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Jorie Jacobs	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5953
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$50 bi-weekly
	Name of Employer: Gentiva Occupation: AVP - Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mary Jalwan	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5954
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 340.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$60 bi-weekly
	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	

SUBTOTAL of Receipts This Page (optional)	▶	1590.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 26
	<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) John Karr	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5959
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$50 bi-weekly
	Name of Employer Gentiva Occupation VP - Compensation & Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Lisa Kolbeck	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5965
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Gentiva Occupation Operational Initiatives Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) James Lee III	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.5968
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$70 bi-weekly
	Name of Employer Gentiva Occupation VP - Nat'l Accounts	
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)	1600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 26
(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) JoAnne Little		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5971
City Atlanta	State Zip Code GA 30339	
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 Asst General Counsel	payroll deduction \$30 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) Robert Little		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5972
City Atlanta	State Zip Code GA 30339	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 224.00
Name of Employer Gentiva	Occupation RVP - Sales	payroll deduction \$40 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

C.

Full Name (Last, First, Middle Initial) Michele Lovato		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5973
City Atlanta	State Zip Code GA 30339	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gentiva	Occupation Finance Director	payroll deduction \$50 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	684.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Christopher Macinnis

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Occupation RVP - Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.5974
Amount of Each Receipt this Period 300.00
payroll deduction \$60 bi-weekly

B. Full Name (Last, First, Middle Initial)
Ronald Malone

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services Inc. Occupation Chairman / Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.5976
Amount of Each Receipt this Period 950.00
payroll deduction \$190 bi-weekly

C. Full Name (Last, First, Middle Initial)
Kevin Marrazzo

Mailing Address 3350 Riverwood Pkwy
Ste 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Gentiva Health Services Inc. Occupation Assistant Vice President Legal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.5978
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 26
(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) Robert Maynard		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5982
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gentiva	Occupation AVP - Operations	payroll deduction \$50 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Barbara Moyer		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5991
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gentiva	Occupation AVP - Sales	payroll deduction \$50 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Constance Mrosek		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5992
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gentiva	Occupation AVP - Operations	payroll deduction \$50 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 26
	<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) Karen Negri		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.5997		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		payroll deduction \$100 bi-weekly		
	Name of Employer Gentiva	Occupation AVP - Sales	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Stephen Paige		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6005		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 420.00	
	FEC ID number of contributing federal political committee. C		payroll deduction \$60 bi-weekly		
	Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President/General Counsel	Aggregate Year-to-Date 420.00		

C.	Full Name (Last, First, Middle Initial) Todd Sexe		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6026		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 240.00	
	FEC ID number of contributing federal political committee. C		payroll deduction \$40 bi-weekly		
	Name of Employer Gentiva Health Services Inc.	Occupation VP Home Health Operations	Aggregate Year-to-Date 240.00		

SUBTOTAL of Receipts This Page (optional)	▶	1160.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 26
(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) Jeff Shaner		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6028
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Gentiva	Occupation Division VP of Operations	payroll deduction \$150 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) Paula Shoemaker		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6030
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer Gentiva	Occupation VP - Sales Support & Marketing	payroll deduction \$40 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) Eric Slusser		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6034
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gentiva	Occupation Treasurer	payroll deduction \$100 bi-weekly
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)	▶	1460.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 26
(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) Eugenia Spencer		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6038
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gentiva	Occupation SVP - Shared Svcs	payroll deduction \$50 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Frederick Spight		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6039
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Gentiva	Occupation AVP - Purchasing & Supply Mgmt	payroll deduction \$45 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) Paul Stein		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6040
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gentiva	Occupation VP - IS	payroll deduction \$50 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	725.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 26
	<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) Harmon Strange	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6042
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 961.50
	FEC ID number of contributing federal political committee. C	payroll deduction \$192.30 biweekly
	Name of Employer: Gentiva Health Services Inc. Occupation: President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 961.50	

B.	Full Name (Last, First, Middle Initial) Pamela Teenier	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6046
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Gentiva Health Services Inc. Occupation: Assistant Vice President Medicare Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Gena Wagner	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3350 Riverwood Pkwy Ste 1400	Transaction ID: SA11AI.6053
	City Atlanta State GA Zip Code 30339	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$50 biweekly
	Name of Employer: Gentiva Health Services, Inc. Occupation: AVP - Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	1741.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 26
(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) Charlotte Weaver		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6055
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer Gentiva Health Services, Inc.	Occupation Chief Clinical Officer	payroll deduction \$100 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.

Full Name (Last, First, Middle Initial) Cheryl White		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6057
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 270.00
Name of Employer Gentiva	Occupation Area Director Sales	payroll deduction \$50 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.

Full Name (Last, First, Middle Initial) Mary Wollstein		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 3350 Riverwood Pkwy Ste 1400		Transaction ID: SA11AI.6063
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Gentiva	Occupation VP - Business Initiatives	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3920.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 26
	(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) Douglas Wray		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6065
Name of Employer Gentiva		Occupation AVP - Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00
			payroll deduction \$50 bi-weekly

B.	Full Name (Last, First, Middle Initial) Michael Young		Date of Receipt
	Mailing Address 3350 Riverwood Pkwy Ste 1400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	Atlanta	GA	30339
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6067
Name of Employer Gentiva Health Services Inc.		Occupation RVP - Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 430.00	430.00
			payroll deduction \$100 bi-weekly

SUBTOTAL of Receipts This Page (optional)	680.00
TOTAL This Period (last page this line number only)	21900.50

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SHELLEY BERKLEY	Transaction ID: SB23.6087 Date of Disbursement
	Mailing Address 3069 CONQUISTA COURT	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City LAS VEGAS State NV Zip Code 89121	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name SHELLEY BERKLEY	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SHELLEY BERKLEY	Transaction ID: SB23.6088 Date of Disbursement
	Mailing Address 3069 CONQUISTA COURT	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City LAS VEGAS State NV Zip Code 89121	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name SHELLEY BERKLEY	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.6079 Date of Disbursement
	Mailing Address 5905 Wimbledon Ct.	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name DAVID LEE CAMP	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.6080 Date of Disbursement
	Mailing Address 5905 Wimbledon Ct.	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name DAVID LEE CAMP	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LOIS G CAPPS	Transaction ID: SB23.6085 Date of Disbursement
	Mailing Address 1724 SANTA BARBARA STREET	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City SANTA BARBARA State CA Zip Code 93101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name LOIS G CAPPS	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BENJAMIN L CARDIN	Transaction ID: SB23.6073 Date of Disbursement
	Mailing Address PO BOX 65056	<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City BALTIMORE State MD Zip Code 21209	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name BENJAMIN L CARDIN	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) CHARLES E GRASSLEY</p> <p>Mailing Address PO BOX 1000</p> <p>City DES MOINES State IA Zip Code 50304</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name CHARLES E GRASSLEY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6078 Date of Disbursement 03 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) STENY HAMILTON HOYER</p> <p>Mailing Address 4201 Northview Drive, Suite 307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name STENY HAMILTON HOYER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6074 Date of Disbursement 01 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p>
<p>C. Full Name (Last, First, Middle Initial) STENY HAMILTON HOYER</p> <p>Mailing Address 4201 Northview Drive, Suite 307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement 003 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6471 Date of Disbursement 01 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JOHN H SR LEWIS	Transaction ID: SB23.6075 Date of Disbursement 02 / 05 / 2010
	Mailing Address 103 SEWANNEE AVE N W	Amount of Each Disbursement this Period 500.00
	City ATLANTA State GA Zip Code 30314	
	Purpose of Disbursement	003 Category/Type
	Candidate Name JOHN H SR LEWIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JOHN H SR LEWIS	Transaction ID: SB23.6076 Date of Disbursement 02 / 19 / 2010
	Mailing Address 103 SEWANNEE AVE N W	Amount of Each Disbursement this Period 500.00
	City ATLANTA State GA Zip Code 30314	
	Purpose of Disbursement	003 Category/Type
	Candidate Name JOHN H SR LEWIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) PATTY MURRAY	Transaction ID: SB23.6081 Date of Disbursement 03 / 03 / 2010
	Mailing Address PO BOX 3662	Amount of Each Disbursement this Period 2500.00
	City SEATTLE State WA Zip Code 98124	
	Purpose of Disbursement	003 Category/Type
	Candidate Name PATTY MURRAY	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 26

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

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

A.

Full Name (Last, First, Middle Initial)
PAT ROBERTS

Transaction ID: SB23.6077

Date of Disbursement

Mailing Address PO BOX 15

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

City DODGE CITY State KS Zip Code 67801

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

003
Category/ Type

Candidate Name
PAT ROBERTS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1900.00
