

**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 2003

Check if different than previously reported. (ACC)

MELVILLE

NY

11747

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00407080

3. IS THIS REPORT

x

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)

X 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 (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2005

through

12

31

2005

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

01

26

2006

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From: ^M07 ^D01 ^Y2005 To: ^M12 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		0.00
(b) Cash on Hand at Beginning of Reporting Period	19536.58	
(c) Total Receipts (from Line 19)	9597.00	31742.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29133.58	31742.00
<hr/>		
7. Total Disbursements (from Line 31)	2512.52	5120.94
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26621.06	26621.06
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From: ^M07 ⁻01 ⁻2005 To: ^M12 ⁻31 ⁻2005

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)	7142.00	26612.00
(ii) Unitemized	1955.00	4630.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	9097.00	31242.00
(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)	9097.00	31242.00
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	500.00	500.00
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))	9597.00	31742.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9597.00	31742.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	12.52	120.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12.52	120.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	5000.00
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 ActMty (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))..	2512.52	5120.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2512.52	5120.94

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9097.00	31242.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9097.00	31242.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12.52	120.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12.52	120.94

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

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

FOR LINE NUMBER: PAGE 6 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 / D / Y Y Y Y 12 / 23 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4254
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Financial Services Unit	Payroll Deduction \$15.00 Biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. John Aurelio		Date of Receipt M / D / Y Y Y Y 12 / 23 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4256
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Gentiva Health Services Inc.	Occupation VP Nursing Operations	Payroll Deduction \$15.00 Biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Mara Banner		Date of Receipt M / D / Y Y Y Y 12 / 23 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4257
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Government Affairs	Payroll Deduction \$25.00 Biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2575.00	

SUBTOTAL of Receipts This Page (optional)	715.00
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 7 / 16

(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

Full Name (Last, First, Middle Initial) A. David Bette		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4258	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 220.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation AVP - Carecentrix Procurement Aggregate Year-to-Date ▼ 220.00		
Full Name (Last, First, Middle Initial) B. Cindy Brown		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4262	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 195.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation Branch Director Aggregate Year-to-Date ▼ 315.00		
Full Name (Last, First, Middle Initial) C. Linda Byler		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4263	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 130.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$10.00 Biweekly	
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation Branch Director Aggregate Year-to-Date ▼ 230.00		

SUBTOTAL of Receipts This Page (optional) ▶ **545.00**

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 8 / 16

(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

Full Name (Last, First, Middle Initial) A. Deborah Carter		Date of Receipt M / D / Y 12 / 23 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4264
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Gentiva Health Services Inc.	Occupation Branch Director	Payroll Deduction \$15.00 Biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Robert Creamer		Date of Receipt M / D / Y 12 / 23 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4265
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 455.00
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President Home Healthcare	Payroll Deduction \$35.00 Biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	

Full Name (Last, First, Middle Initial) C. Douglas Dahlgard		Date of Receipt M / D / Y 12 / 23 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4266
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Tax	Payroll Deduction \$25.00 Biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16

(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

Full Name (Last, First, Middle Initial) A. Janine Debar		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4267	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 130.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$10.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Director Marketing Communications		Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Philip Feldman		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4270	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 195.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP Financial Operations		Aggregate Year-to-Date ▼ 315.00
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Michael Hannah		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4272	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 390.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$30.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Information Services		Aggregate Year-to-Date ▼ 630.00
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **715.00**

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16

(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

Full Name (Last, First, Middle Initial) A. Carla Hengst		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4273	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 440.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$40.00 Biweekly	
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation Regional Vice President Operations Aggregate Year-to-Date ▼ 840.00		
Full Name (Last, First, Middle Initial) B. Beatrice Hoffman		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4274	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 195.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation AVP Managed Care Aggregate Year-to-Date ▼ 345.00		
Full Name (Last, First, Middle Initial) C. Bonnie Hollenbeck		Date of Receipt M / D / Y 08 / 05 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4275	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 105.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$45.00 Biweekly	
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation Vice President Clinical Resources Aggregate Year-to-Date ▼ 455.00		

SUBTOTAL of Receipts This Page (optional) ▶ **740.00**

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16

(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

Full Name (Last, First, Middle Initial) A. Mary Jahwan		Date of Receipt M / D / Y Y Y Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4278	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation RVP Sales	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00
Full Name (Last, First, Middle Initial) B. Joanne Kassebaum		Date of Receipt M / D / Y Y Y Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4278	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 520.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$40.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Marketing	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00
Full Name (Last, First, Middle Initial) C. Alfred Lebal		Date of Receipt M / D / Y Y Y Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4281	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 330.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$33.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP - Financial Operations	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00

SUBTOTAL of Receipts This Page (optional) ► **1110.00**

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

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

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FOR LINE NUMBER: PAGE 12 / 16

(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

Full Name (Last, First, Middle Initial) A. James May, Jr.		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4285	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 390.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$30.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Assistant Vice President Human Res		Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Margo Nemei		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4290	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 132.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$12.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Director Clinical Operations		Aggregate Year-to-Date ▼ 252.00
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Cathy Newhouse		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4291	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP Specialty Programs		Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶ **782.00**

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

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

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

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

Full Name (Last, First, Middle Initial) A. Howard Nolan		Date of Receipt M / D / Y 12 / 23 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4292
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Gentiva Health Services Inc.	Occupation VP - Planning & Reporting	Payroll Deduction \$25.00 Biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Stephen Paige		Date of Receipt M / D / Y 12 / 23 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4294
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 780.00
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President/General Counsel	Payroll Deduction \$80.00 Biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1380.00	

Full Name (Last, First, Middle Initial) C. Todd Exxe		Date of Receipt M / D / Y 12 / 23 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4298
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer Gentiva Health Services Inc.	Occupation VP Nursing Operations	Payroll Deduction \$20.00 Biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	1385.00
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 / 16
(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

Full Name (Last, First, Middle Initial) A. Cynthia Thackston		Date of Receipt M / D / Y 12 / 23 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4302	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 195.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Branch Director	Aggregate Year-to-Date ▼ 270.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	195.00
TOTAL This Period (last page this line number only)	▶	7142.00

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

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

FOR LINE NUMBER: PAGE 15 / 16

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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. MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND		Date of Receipt M / D / Y 10 / 03 / 2005
Mailing Address P. O. Box 85796		Transaction ID: SA16.4317
City Washington	State DC	Zip Code 20035
FEC ID number of contributing federal political committee. C C00370791		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Fundraising Expenses
Receipt For: 2006 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

**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)

PAGE 16 / 16

<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. GRASSLEY COMMITTEE INC		Transaction ID: SB23.4311 Date of Disbursement 12 / 19 / 2005	
Mailing Address PO BOX 1000		Amount of Each Disbursement this Period 1000.00	
City DES MOINES	State IA	Zip Code 50304	003 Category/ Type
Purpose of Disbursement Fundraising Expenses			
Candidate Name CHARLES E GRASSLEY			
Office Sought: House X Senate President	Disbursement For: 2006 X Primary General Other (specify) ▼		
State: IA District: D0			

Full Name (Last, First, Middle Initial) B. ROGERS FOR CONGRESS		Transaction ID: SB23.4309 Date of Disbursement 12 / 16 / 2005	
Mailing Address Post Office Box 581 Post Office Box 581		Amount of Each Disbursement this Period 500.00	
City Brighton	State MI	Zip Code 48116	003 Category/ Type
Purpose of Disbursement Fundraising Expenses			
Candidate Name ROGERS FOR CONGRESS			
Office Sought: X House Senate President	Disbursement For: 2006 X Primary General Other (specify) ▼		
State: MI District: D8			

Full Name (Last, First, Middle Initial) C. SANTORUM 2006		Transaction ID: SB23.4313 Date of Disbursement 12 / 28 / 2005	
Mailing Address ONE TOWER BRIDGE SUITE 144D		Amount of Each Disbursement this Period 1000.00	
City WEST CONSHOHOCKEN	State PA	Zip Code 19428	003 Category/ Type
Purpose of Disbursement Fundraising Expenses			
Candidate Name RICHARD J SANTORUM			
Office Sought: House X Senate President	Disbursement For: 2006 X Primary General Other (specify) ▼		
State: PA District: D0			

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	2500.00