

**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

C00407090

3. IS THIS REPORT

NEW (N) OR

X

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)

X 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

01

01

2005

through

09

30

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

09

29

2005

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: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	0.00	
(c) Total Receipts (from Line 19) .....	22145.00	22145.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22145.00	22145.00
<hr/>		
7. Total Disbursements (from Line 31) .....	2608.42	2608.42
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19536.58	19536.58
<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: <sup>M</sup>01 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>06 <sup>-</sup>30 <sup>-</sup>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) .....	19470.00	19470.00
(ii) Unitemized .....	2675.00	2675.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	22145.00	22145.00
(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) .....	22145.00	22145.00
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)) .....	22145.00	22145.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22145.00	22145.00

**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.....	108.42	108.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	108.42	108.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
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))..	2608.42	2608.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	2608.42	2608.42

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	22145.00	22145.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22145.00	22145.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	108.42	108.42
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	108.42	108.42

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

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

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mara Benner</b>		Date of Receipt M / D / Y 06 / 24 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4148	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 2250.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$25.00 biweekly	
Name of Employer Gentiva Health Services Inc. Receipt For: Primary      General Other (specify) ▼	Occupation Vice President Government Affairs Aggregate Year-to-Date ▼ 2250.00		
Full Name (Last, First, Middle Initial) <b>B. Judy Benesh</b>		Date of Receipt M / D / Y 03 / 18 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4129	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gentiva Health Services Inc. Receipt For: Primary      General Other (specify) ▼	Occupation Area Director Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Cathy Blanchard</b>		Date of Receipt M / D / Y 05 / 02 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4129	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gentiva Health Services Inc. Receipt For: Primary      General Other (specify) ▼	Occupation Area Director Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **2800.00**

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 / 13

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

Full Name (Last, First, Middle Initial) <b>A. Pete Cavanaugh</b>		Date of Receipt M / D / Y 03 / 11 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4125	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gentiva Health Services Inc. Receipt For: Primary      General Other (specify) ▼	Occupation Assistant Vice President Financial Ops Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) <b>B. Robert Creamer</b>		Date of Receipt M / D / Y 06 / 24 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4212	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gentiva Health Services Inc. Receipt For: Primary      General Other (specify) ▼	Occupation Senior Vice President Home Healthcare Aggregate Year-to-Date ▼ 350.00	Payroll Deduction \$35.00 biweekly	
Full Name (Last, First, Middle Initial) <b>C. Douglas Dahlgard</b>		Date of Receipt M / D / Y 06 / 24 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4206	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 220.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gentiva Health Services Inc. Receipt For: Primary      General Other (specify) ▼	Occupation Vice President Tax Aggregate Year-to-Date ▼ 220.00	Payroll Deduction \$25.00 biweekly	

SUBTOTAL of Receipts This Page (optional) ..... ▶ **370.00**

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 / 13

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) <b>A. Dave Gieringer</b>		Date of Receipt M / D / Y 03 / 21 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4117
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Acctg / Controller	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Hannah</b>		Date of Receipt M / D / Y 06 / 24 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4208
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Information Services	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		
		Payroll Deduction \$30.00 biweekly

Full Name (Last, First, Middle Initial) <b>C. Jane Halderman</b>		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4127
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gentiva Health Services Inc.	Occupation Director Financial Planning & Analysis	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>990.00</b>
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 9 / 13  
(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) <b>A. Carla Hengst</b>		Date of Receipt M / D / Y 06 / 24 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4214
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Gentiva Health Services Inc.	Occupation Regional Vice President Operations	Payroll Deduction \$40.00 biweekly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Bonnie Hollenbeck</b>		Date of Receipt M / D / Y 06 / 24 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4210
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Clinical Resources	Payroll Deduction \$35.00 biweekly
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Teresa Irish</b>		Date of Receipt M / D / Y 02 / 14 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4119
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Gentiva Health Services Inc.	Occupation Project Manager	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1250.00</b>
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 10 / 13  
(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) <b>A. Daniel Locker</b>		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4131
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gentiva Health Services Inc.	Occupation Regional Vice President Sales	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ronald Malone</b>		Date of Receipt M / D / Y 01 / 12 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4103
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Gentiva Health Services Inc.	Occupation Chairman / Chief Executive Officer	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Kevin Marazzo</b>		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4121
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Gentiva Health Services Inc.	Occupation Assistant Vice President Legal	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>5750.00</b>
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 11 / 13

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) <b>A. James May, Jr.</b>		Date of Receipt M / D / Y 06 / 24 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4204	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$30.00 biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Assistant Vice President Human Res		Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Murray Meese</b>		Date of Receipt M / D / Y 04 / 21 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4114	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$60.00 biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Care Centrix		Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Stephen Page</b>		Date of Receipt M / D / Y 06 / 24 / 2005	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4149	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$60.00 biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President/General Counsel		Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ..... ► **2310.00**

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 12 / 13  
(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) <b>A. Vernon Perry</b>		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4105
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Gentiva Health Services Inc.	Occupation President / Chief Operating Officer	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Martha Stephens</b>		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4133
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gentiva Health Services Inc.	Occupation Director Clinical Operations	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Pamela Teener</b>		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4135
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gentiva Health Services Inc.	Occupation Assistant Vice President Medicare Ops	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	5500.00
TOTAL This Period (last page this line number only) .....	▶	19470.00

**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 13 / 13

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

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

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

Full Name (Last, First, Middle Initial)  
A. MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND

Transaction ID: SB23.4232

Date of Disbursement

06 / 01 / 2005

Mailing Address P. O. Box 65796

Amount of Each Disbursement this Period

500.00

City Washington State DC Zip Code 20035

Purpose of Disbursement  
Fundraising Expenses

003  
Category/  
Type

Candidate Name  
MICHAEL J ROGERS

Office Sought:  House  
Senate  
President

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

State: MI District: D8

Full Name (Last, First, Middle Initial)

B. PEOPLE WITH HART INC

Transaction ID: SB23.4238

Date of Disbursement

06 / 21 / 2005

Mailing Address P.O. Box 435

Amount of Each Disbursement this Period

1000.00

City Wexford State PA Zip Code 15060

Purpose of Disbursement  
Fundraising Expenses

003  
Category/  
Type

Candidate Name  
MELISSA HART

Office Sought:  House  
Senate  
President

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

State: PA District: D4

Full Name (Last, First, Middle Initial)

C. WHITFIELD FOR CONGRESS COMMITTEE

Transaction ID: SB23.4235

Date of Disbursement

06 / 21 / 2005

Mailing Address P.O. BOX 391

Amount of Each Disbursement this Period

1000.00

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement  
Fundraising Expenses

003  
Category/  
Type

Candidate Name  
ED WHITFIELD

Office Sought:  House  
Senate  
President

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

State: KY District: D1

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

2500.00