

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer John Potapchuk

Signature of Treasurer Electronically Filed by John Potapchuk Date 10 15 2008

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		26113.05
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	29327.01									
(c) Total Receipts (from Line 19)	6001.50	21553.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35328.51	47666.05								
7. Total Disbursements (from Line 31)	13031.32	25368.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22297.19	22297.19								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	4076.50	13658.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	1925.00	7895.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6001.50	21553.00
(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)	6001.50	21553.00
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))	6001.50	21553.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6001.50	21553.00

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.....	31.32	68.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	31.32	68.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	25300.00
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))..	13031.32	25368.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13031.32	25368.86

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6001.50	21553.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6001.50	21553.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31.32	68.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31.32	68.86

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

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

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

A.	Full Name (Last, First, Middle Initial) James Andrews	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5245
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$10.00 Biweekly
	Name of Employer Occupation Gentiva Health Services Inc. AVP - Financial Services Unit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

B.	Full Name (Last, First, Middle Initial) John Aurelio	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5246
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$15.00 Biweekly
	Name of Employer Occupation Gentiva Health Services Inc. Regional VP Nursing Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Brian Bacon	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5247
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$15.00 Biweekly
	Name of Employer Occupation Gentiva Health Services Inc. Branch Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	280.00
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 / 17
	<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) Mara Benner	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5248
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 925.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$150.00 Biweekly
	Name of Employer Occupation Gentiva Health Services Vice President Government Affairs Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00

B.	Full Name (Last, First, Middle Initial) Thomas Boelsen	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5249
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$50.00 Biweekly
	Name of Employer Occupation Gentiva Health Services Vice President - CareCentrix Inc. 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) Robert Brunson	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5250
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$15.00 Biweekly
	Name of Employer Occupation Gentiva Health Services AVP - Sales Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional)	▶	1380.00
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 8 / 17
(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
							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) Bruce Carter		Date of Receipt MM / DD / YYYY 09 / 26 / 2008
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11AI.5252
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer Gentiva Health Services Inc.	Occupation RVP - Operations	Payroll Deduction - \$20.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Douglas Dahlgard		Date of Receipt MM / DD / YYYY 09 / 26 / 2008
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11AI.5255
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Tax	Payroll Deduction - \$25.00 Biweekly
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) Dave Gieringer		Date of Receipt MM / DD / YYYY 09 / 26 / 2008
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11AI.5261
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Acctg / Controller	Payroll Deduction - \$20.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	455.00
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 / 17
	<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) Monica Hullinger	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5266
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$20.00 Biweekly
	Name of Employer Occupation Gentiva Health Services, Inc. VP - Home Health Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Mary Jalwan	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5267
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction- \$20.00 Biweekly
	Name of Employer Occupation Gentiva Health Services Inc. RVP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Brenda Junior	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5269
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	payroll Deduction - \$20.00 Biweekly
	Name of Employer Occupation Gentiva Health Services Inc. Branch Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	420.00
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 10 / 17
	<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) Alfred Lebel	Date of Receipt MM / DD / YYYY 07 / 04 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5273
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 33.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$33.00 Biweekly
	Name of Employer Occupation Gentiva Health Services Inc. VP - Financial Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

B.	Full Name (Last, First, Middle Initial) JoAnne Little	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5277
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$30.00 Biweekly
	Name of Employer Occupation Gentiva Health Services Inc. Asst General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Daniel Locker	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5278
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 269.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$38.50 Biweekly
	Name of Employer Occupation Gentiva Health Services Inc. Regional Vice President Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

SUBTOTAL of Receipts This Page (optional)	512.50
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 11 / 17
(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

A.

Full Name (Last, First, Middle Initial)
Mary Muchow

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Mailing Address 3 Huntington Quadrangle
Suite 200S

Transaction ID: SA11AI.5281

City Melville State NY Zip Code 11747

Amount of Each Receipt this Period
140.00

FEC ID number of contributing federal political committee. C

Payroll Deduction - \$20.00
Biweekly

Name of Employer Gentiva Health Services Inc. Occupation Director, Clinical Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

B.

Full Name (Last, First, Middle Initial)
Duane Neel

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Mailing Address 3 Huntington Quadrangle
Suite 200S

Transaction ID: SA11AI.5282

City Melville State NY Zip Code 11747

Amount of Each Receipt this Period
140.00

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 ▼ 400.00

C.

Full Name (Last, First, Middle Initial)
Margo Nemet

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Mailing Address 3 Huntington Quadrangle
Suite 200S

Transaction ID: SA11AI.5283

City Melville State NY Zip Code 11747

Amount of Each Receipt this Period
84.00

FEC ID number of contributing federal political committee. C

Payroll Deduction - \$12.00
Biweekly

Name of Employer Gentiva Health Services Inc. Occupation Director Compliance Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

SUBTOTAL of Receipts This Page (optional) ► 364.00

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 / 17
	<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) Stephen Paige	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5285
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$60.00 Biweekly
	Name of Employer Occupation Gentiva Health Services Senior Vice President/General Counsel Inc.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Todd Sexe	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5289
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$20.00 Biweekly
	Name of Employer Occupation Gentiva Health Services VP Home Health Operations Inc.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Deborah Thompson	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 3 Huntington Quadrangle Suite 200S	Transaction ID: SA11AI.5295
	City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$15.00 Biweekly
	Name of Employer Occupation Gentiva Health Services Branch Director Inc.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	665.00
TOTAL This Period (last page this line number only)	4076.50

**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

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) BEN CARDIN FOR SENATE	Transaction ID: SB23.5308 Date of Disbursement																			
	Mailing Address P.O. BOX 21093	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	1		2	0	0	8												
	City CATONSVILLE State MD Zip Code 21228	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Solicitation & Fundraising Expenses	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name BENJAMIN L CARDIN	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: SB23.5310 Date of Disbursement																			
	Mailing Address 3069 Conquista Court	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	5		2	0	0	8												
	City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Solicitation & Fundraising Expenses	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name SHELLEY BERKLEY	003 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) BILL NELSON FOR U S SENATE	Transaction ID: SB23.5334 Date of Disbursement																			
	Mailing Address 500 RED SAIL WAY	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	8												
	City SATELITE BEACH State FL Zip Code 32937	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Solicitation & Fundraising Expenses	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name BILL NELSON	003 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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

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

<p>A. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR</p> <p>Mailing Address PO BOX 1096</p> <p>City BANGOR State ME Zip Code 04402</p> <p>Purpose of Disbursement Solicitation & Fundraising Expenses</p> <p>Candidate Name SUSAN M COLLINS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5309</p> <p>Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>003 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008</p> <p>Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100</p> <p>City MIDLAND State MI Zip Code 48640</p> <p>Purpose of Disbursement Solicitation & Fundraising Expenses</p> <p>Candidate Name DAVID LEE CAMP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5323</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement Solicitation & Fundraising Expenses</p> <p>Candidate Name ELIOT ENGEL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5312</p> <p>Date of Disbursement 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

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) FRIENDS OF JAY ROCKEFELLER	Transaction ID: SB23.5311 Date of Disbursement 09 / 05 / 2008
	Mailing Address PO BOX 1909	
	City CHARLESTON State WV Zip Code 25327	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Solicitation & Fundraising Expenses Candidate Name JOHN DAVISON IV ROCKEFELLER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 00	003 Category/ Type

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER	Transaction ID: SB23.5333 Date of Disbursement 09 / 22 / 2008
	Mailing Address PO BOX 1909	
	City CHARLESTON State WV Zip Code 25327	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Solicitation & Fundraising Expenses Candidate Name JOHN DAVISON IV ROCKEFELLER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 00	003 Category/ Type

C.	Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS	Transaction ID: SB23.5313 Date of Disbursement 09 / 09 / 2008
	Mailing Address 607 14th Street, NW Suite 800	
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Solicitation & Fundraising Expenses Candidate Name JOHN D MR. DINGELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15	003 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

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 LEWIS FOR CONGRESS	Transaction ID: SB23.5324 Date of Disbursement
	Mailing Address 303 Peachtree Street, NE Suite 5300	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Atlanta State GA Zip Code 30308	Amount of Each Disbursement this Period
	Purpose of Disbursement Solicitation & Fundraising Expenses	<input type="text" value="1000.00"/>
	Candidate Name JOHN MR. LEWIS	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAT ROBERTS FOR U S SENATE INC	Transaction ID: SB23.5319 Date of Disbursement
	Mailing Address PO BOX 433	<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City GREAT BEND State KS Zip Code 67530	Amount of Each Disbursement this Period
	Purpose of Disbursement Solicitation & Fundraising Expenses	<input type="text" value="1000.00"/>
	Candidate Name PAT ROBERTS	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS	Transaction ID: SB23.5327 Date of Disbursement
	Mailing Address P.O. Box 425	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement Solicitation & Fundraising Expenses	<input type="text" value="1000.00"/>
	Candidate Name THOMAS EDMUNDS PRICE	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2008 <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)

PAGE 17 / 17

<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

A.

Full Name (Last, First, Middle Initial)
VAN HOLLEN FOR CONGRESS

Transaction ID: SB23.5330

Date of Disbursement

Mailing Address 10537 St. Paul Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

City Kensington State MD Zip Code 20895

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Solicitation & Fundraising Expenses

003

Category/
Type

Candidate Name
CHRIS VAN HOLLEN

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MD District: 08

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

13000.00
