

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 MELVILLE NY 11747

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 05 18 2006 through 06 30 2006

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

Type or Print Name of Treasurer John Potapchuk

Signature of Treasurer Electronically Filed by John Potapchuk Date 07 13 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

Report Covering the Period: From:

M	M
0	5

D	D
1	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		26621.06
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	26229.06									
(c) Total Receipts (from Line 19)	2628.00	9736.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28857.06	36357.06								
7. Total Disbursements (from Line 31)	2000.00	9500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26857.06	26857.06								
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	5

D	D
1	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	1692.00	4914.00
(i) Itemized (use Schedule A)	936.00	4822.00
(ii) Unitemized	2628.00	9736.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2628.00	9736.00
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))	2628.00	9736.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2628.00	9736.00

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	9500.00
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))..	2000.00	9500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2000.00	9500.00

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)	2628.00	9736.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2628.00	9736.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 11
	<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

Full Name (Last, First, Middle Initial) A. Susan Allen		Date of Receipt MM / DD / YYYY 06 / 23 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4426
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Gentiva Health Services Inc.	Occupation Senior Regional VP 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 ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Mara Benner		Date of Receipt MM / DD / YYYY 06 / 23 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4429
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Government Affairs	Payroll Deduction \$25.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. David Bottle		Date of Receipt MM / DD / YYYY 06 / 23 / 2006
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4430
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Carecentrix Procurement	Payroll Deduction \$20.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	260.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 11
	<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)
Robert Creamer

Mailing Address 3 Huntington Quadrangle
Suite 200S

City State Zip Code
Melville NY 11747

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

Name of Employer
Gentiva Health Services Inc.

Occupation
Senior Vice President Home Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2006

Transaction ID: SA11A1.4433

Amount of Each Receipt this Period
120.00

Payroll Deduction \$30.00
Biweekly

B. Full Name (Last, First, Middle Initial)
Douglas Dahlgard

Mailing Address 3 Huntington Quadrangle
Suite 200S

City State Zip Code
Melville NY 11747

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

Name of Employer
Gentiva Health Services Inc.

Occupation
Vice President Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2006

Transaction ID: SA11A1.4434

Amount of Each Receipt this Period
100.00

Payroll Deduction \$25.00
Biweekly

C. Full Name (Last, First, Middle Initial)
Michael Hannah

Mailing Address 3 Huntington Quadrangle
Suite 200S

City State Zip Code
Melville NY 11747

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

Name of Employer
Gentiva Health Services Inc.

Occupation
Vice President Information Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2006

Transaction ID: SA11A1.4440

Amount of Each Receipt this Period
120.00

Payroll Deduction \$30.00
Biweekly

SUBTOTAL of Receipts This Page (optional)	340.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 11
	<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) Mary Jalwan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4442	
City State Zip Code Melville NY 11747		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20.00 Biweekly	
Name of Employer Occupation Gentiva Health Services RVP Sales Inc.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

B. Full Name (Last, First, Middle Initial) Joanne Kassebaum		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4444	
City State Zip Code Melville NY 11747		Amount of Each Receipt this Period 160.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$40.00 Biweekly	
Name of Employer Occupation Gentiva Health Services AVP - Marketing Inc.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

C. Full Name (Last, First, Middle Initial) Alfred Lebel		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4445	
City State Zip Code Melville NY 11747		Amount of Each Receipt this Period 132.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$33.00 Biweekly	
Name of Employer Occupation Gentiva Health Services VP - Financial Operations Inc.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 429.00	

SUBTOTAL of Receipts This Page (optional) ▶	372.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. James May, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4446
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 120.00	
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Lynn McGuire		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4448
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$25.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation Branch Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Howard Nolan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4450
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$25.00 Biweekly	
Name of Employer Gentiva Health Services Inc.	Occupation VP - Planning & Reporting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	320.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 11
	<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

Full Name (Last, First, Middle Initial) A. Stephen Paige		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4451	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$60.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation Senior Vice President/General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

Full Name (Last, First, Middle Initial) B. Susan Sender		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4454	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation VP & Chief Nursing Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. Todd Sexe		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 3 Huntington Quadrangle Suite 200S		Transaction ID: SA11A1.4455	
City State Zip Code Melville NY 11747	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.00 Biweekly		
Name of Employer Gentiva Health Services Inc.	Occupation VP Home Health Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	1692.00

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

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

FOR LINE NUMBER:
(check only one)

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

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. BEN CARDIN FOR SENATE		Transaction ID: SB23.4462 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2006	
Mailing Address PO BOX 65056		Amount of Each Disbursement this Period 1000.00	
City BALTIMORE	State MD		Zip Code 21209
Purpose of Disbursement Fundraising Expenses			003 Category/ Type
Candidate Name BENJAMIN L CARDIN			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD District: 03			

Full Name (Last, First, Middle Initial) B. WHITFIELD FOR CONGRESS COMMITTEE		Transaction ID: SB23.4461 Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2006	
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: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY District: 01			

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00