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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC 3 HUNTINGTON QUADRANGLE ADDRESS (number and street) SUITE 200S Check if different than previously **MELVILLE** NY 11747 4627 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS NEW **AMENDED** C00407080 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 12 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. John Potapchuk Type or Print Name of Treasurer Electronically Filed by John Potapchuk 0 1 3 1 2008 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC [®] D " D 12 0.7 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 22551.06 Ž007 January 1 (b) Cash on Hand at 24116.05 Begining of Reporting Period 12497.00 29563.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 36613.05 52114.06 6(a) and 6(c) for Column B) 10500.00 26001.01 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 26113.05 26113.05 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed

the committee (Itemize all on

Schedule C and/or Schedule D)

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

For further information contact:

0.00

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. 06/2004) Page 3

Write or Type Committee Name

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

0 1 3^D1 м м 0 7 2 0 0 7 м м 1 2 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 23922.00 10341.00 (i) Itemized (use Schedule A) 2156.00 5641.00 (ii) Unitemized (iii) TOTAL (add 12497.00 29563.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 12497.00 29563.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 12497.00 29563.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts

12497.00

29563.00

(subtract Line 18(c) from Line 19)

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	1.01
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	1.01
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to	0.00	0.00
24.	Federal Candidates/Committeesand Other Political Committees Independent Expenditure	10500.00	26000.00
	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
20.	(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 (fram Calcadda LIC)		
	(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))	10500.00	26001.01
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	10500.00	26001.01

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)	12497.00	29563.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12497.00	29563.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1.01
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	1.01

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES IN	and Statements may not be sold or used by any persign the name and address of any political committee to IC PAC GENTIVAPAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Andrews Mailing Address 3 Huntington Qua Suite 200S City Melville FEC ID number of contributing	drangle State Zip Code NY 11747	Date of Receipt 1 2 2 7 2 0 0 7 Transaction ID: SA11AI.4982 Amount of Each Receipt this Period 180.00
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation AVP - Financial Services Unit Aggregate Year-to-Date 405.00	Payroll Deduction - \$15.00 Biweekly
Full Name (Last, First, Middle Initial) John Aurelio Mailing Address 3 Huntington Qua Suite 200S City Melville FEC ID number of contributing federal political committee.	drangle State Zip Code NY 11747	Date of Receipt M M M
Name of Employer Gentiva Health Services Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Regional VP Nursing Operations Aggregate Year-to-Date ▼ 405.00	Biweekly
Full Name (Last, First, Middle Initial) Brian Bacon Mailing Address 3 Huntington Qua Suite 200S City Melville	drangle State Zip Code NY 11747	Date of Receipt 1 2
FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	Occupation Branch Director Aggregate Year-to-Date ▼ 360.00	Payroll Deduction - \$15.00 Bieekly
SUBTOTAL of Receipts This Page (option	nal)	510.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 21 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES IN	and Statements may not be sold or used by any per g the name and address of any political committee C PAC GENTIVAPAC	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mara Benner Mailing Address 3 Huntington Quade Suite 200S City Melville FEC ID number of contributing	State Zip Code NY 11747	Date of Receipt M M
federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation Vice President Government Affairs Aggregate Year-to-Date 675.00	Payroll Deduction - \$25.00 Biweekly
Full Name (Last, First, Middle Initial) Thomas Boelsen Mailing Address 3 Huntington Quae Suite 200S City Melville FEC ID number of contributing	State Zip Code NY 11747	Date of Receipt M M
Receipt For: Primary Other (specify) ▼	Occupation Vice President - CareCentrix Aggregate Year-to-Date 950.00	Payroll Deduction - \$50.00 Biweekly
Full Name (Last, First, Middle Initial) Cindy Brown Mailing Address 3 Huntington Quar Suite 200S City Melville FEC ID number of contributing	State Zip Code NY 11747	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	Occupation Branch Director Aggregate Year-to-Date 375.00	Payroll Deduction - \$15.00 Biweekly
SUBTOTAL of Receipts This Page (option	al)	1050.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	138)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 21 (check only one)
Any information copied from such Repo	rts and Statements may using the name and add	not be sold or used by any perso	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES	-		y donor, contributions from duon committees.
Full Name (Last, First, Middle Initial)			Date of Receipt
	o i i i i i i i i i i i i i i i i i i i		
City Melville	State NY	Zip Code 11747	Transaction ID: SA11AI.4989 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		180.00
Name of Employer Gentiva Health Services Inc.	Occupation AVP - Sa		Payroll Deduction - \$15.00 Biwwekly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Linda Byler	I		Date of Receipt
Mailing Address 3 Huntington Quadrangle Suite 200S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Melville	State NY	Zip Code 11747	Transaction ID: SA11AI.4994 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			120.00
Name of Employer Gentiva Health Services Inc.	Occupation Branch D		Payroll Deduction - \$10.00 Biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Bruce Carter			Date of Receipt
Mailing Address 3 Huntington Quadrangle Suite 200S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Me</u> lville	State NY	Zip Code 11747	Transaction ID: SA11AI.4995 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Occupation RVP - Operations			240.00
			Payroll Deduction - \$20.00 Biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]
SUBTOTAL of Receipts This Page (or	ntional)		540.00

FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 21 (check only one)	
any information copied from such Reports and	Statements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	5 Solicit Contributions from Such Committee.		
GENTIVA HEALTH SERVICES INC	PAC GENTIVAPAC		
Full Name (Last, First, Middle Initial) Douglas Dahlgard		Date of Receipt	
Mailing Address 3 Huntington Quadra Suite 200S	12 27 27 2007		
City	State Zip Code	Transaction ID: SA11AI.4998	
Melville	NY 11747	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	300.00	
Name of Employer Gentiva Health Services Inc.	Occupation Vice President Tax	Payroll Deduction - \$25.00 Biweekly	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General	675.00	7	
Other (specify) ▼			
Full Name (Last, First, Middle Initial) Rexanne Domico			
Mailing Address 3 Huntington Quadra Suite 200S	ngle	12 27 2007	
City State Zip Code		Transaction ID: SA11AI.4999	
Melville	NY 11747	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	120.00	
Name of Employer Gentiva Health Services Inc.	Occupation VP Gentiva Consulting	Payroll Deduction - \$120 00 Biweekly	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	270.00		
Full Name (Last, First, Middle Initial) Philip Feldman		Date of Receipt	
Mailing Address 3 Huntington Quadra Suite 200S	1 2 2 7 2 0 0 7		
City	State Zip Code	Transaction ID: SA11AI.5003	
Melville	NY 11747	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	150.00	
Name of Employer Gentiva Health Services	Occupation AVP Financial Operations	Payroll Deduction - \$15.00 Biweekly	
Inc. Receipt For:	Aggregate Year-to-Date ▼		
Primary General	375.00	7	
Other (specify) ▼	070.00	<u> </u>	
		570.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 21 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC.	d Statements may not be sold or used by any person the name and address of any political committee to C PAC GENTIVAPAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Claire Gold Mailing Address 3 Huntington Quad Suite 200S City Melville FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For:	State Zip Code NY 11747 C Occupation Manager Therapy Practice Aggregate Year-to-Date	Date of Receipt M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mary Jalwan Mailing Address 3 Huntington Quad Suite 200S City	rangle State Zip Code	Date of Receipt 1 2 2 7 2 0 0 7
Melville FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation RVP Sales Aggregate Year-to-Date 540.00	Transaction ID: SA11AI.5015 Amount of Each Receipt this Period 240.00 Payroll Deduction - \$20.00 Biweekly
Full Name (Last, First, Middle Initial) Jennifer Johnson Mailing Address 3 Huntington Quad Suite 200S City Melville FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 11747 C Occupation Branch Director Aggregate Year-to-Date 324.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional	l)	504.00

SCHEDULE A (FEC Form 3X)

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 21 (check only one) X
or for comme	on copied from such Reports and S rcial purposes, other than using the COMMITTEE (In Full) A HEALTH SERVICES INC PA	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing Ad City Melville FEC ID no		gle State NY C	Zip Code 11747	Date of Receipt M M
Inc. Receipt Fo		Occupatio Branch D Aggregate		Payroll Deduction - \$20.00 Biweekly
Full Name Joanne Ka Mailing Ac City Melville		gle State NY	Zip Code 11747	Date of Receipt 1 2 2 7 2 0 0 7 Transaction ID: SA11AI.5019 Amount of Each Receipt this Period
Name of E Gentiva H Inc. Receipt F	lealth Services	Occupatio AVP - Ma Aggregate		Payroll Deduction - 40.00 Biweekly
Alfred Lebe	Full Name (Last, First, Middle Initial) Alfred Lebel Mailing Address 3 Huntington Quadrangle Suite 200S		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	umber of contributing litical committee.	State NY	Zip Code 11747	Transaction ID: SA11AI.5022 Amount of Each Receipt this Period 396.00
Inc. Receipt Fo			n ancial Operations e Year-to-Date ▼	Payroll Deduction - 33.00 Biweekly
SUBTOTAL	of Receipts This Page (optional)			1116.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a		
any information copied from such Reports and	Statements may	not be sold or used by any personal roots of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	or commercial purposes, other than using the name and address of any political committee to so				
GENTIVA HEALTH SERVICES INC	PAC GENTIV	APAC			
Full Name (Last, First, Middle Initial) JoAnne Little			Date of Receipt		
Mailing Address 3 Huntington Quadrangle Suite 200S			12 27 2007		
City	State	Zip Code	Transaction ID: SA11AI.5023		
Melville 550 in the state of th	NY	11747	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		330.00		
Name of Employer Gentiva Health Services Inc.	Occupation Asst Gen	n eral Counsel	Payroll Deduction - 30.00 Bweekly		
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify)	' '	720.00			
Other (specify)	0 0	0 0 0 0 0 0 0			
Full Name (Last, First, Middle Initial) Daniel Locker			Date of Receipt		
Mailing Address 3 Huntington Quadra Suite 200S	ngle		12 27 2007		
City	State	Zip Code	Transaction ID: SA11AI.5024		
Melville	NY	11747	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			462.00		
Name of Employer Gentiva Health Services Inc.	Occupation Regional	n Vice President Sales	Payroll Deduction - 38.50 Biweekly		
Receipt For:	_	Year-to-Date ▼			
Primary General Other (specify) ▼		693.00			
Full Name (Last, First, Middle Initial) Marie McCallion			Date of Receipt		
Mailing Address 3 Huntington Quadra Suite 200S	ngle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.5026		
Melville	NY	11747	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Director			120.00		
		n Marketing Communications	Payroll Deduction - 10.00 biweekly		
Inc. Receipt For:	_ ' '	Year-to-Date ▼	7		
Primary General		270.00	1		
Other (specify) ▼					
SUBTOTAL of Receipts This Page (optional)			912.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 21 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC.	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Lynn McGuire Mailing Address 3 Huntington Quad Suite 200S	rangle		Date of Receipt 1 2 2 7 2 0 0 7
City Melville FEC ID number of contributing federal political committee.	State NY	Zip Code 11747	Transaction ID: SA11AI.5027 Amount of Each Receipt this Period 75.00
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	Occupation Branch D Aggregate		Payroll Deduction - 25.00 Biweekly
Full Name (Last, First, Middle Initial) Murray Mease Mailing Address 3 Huntington Quad Suite 200S City Melville FEC ID number of contributing federal political committee.	rangle State NY	Zip Code 11747	Date of Receipt M M J D J Z D
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼		n sident Care Centrix Year-to-Date T]
	Mary Muchow Mailing Address 3 Huntington Quadrangle		
Suite 200S City Melville FEC ID number of contributing federal political committee.	State NY	Zip Code 11747	Transaction ID: SA11AI.5029 Amount of Each Receipt this Period 240.00
Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	- ' '	Clinical Operations Year-to-Date 540.00	Payroll Deduction - 20.00 Biweekly
SUBTOTAL of Receipts This Page (optional	al)		1315.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 21 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC P	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Duane Neel Mailing Address 3 Huntington Quadran Suite 200S City Melville FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	gle State Zip Code NY 11747 C Occupation RVP - Sales Aggregate Year-to-Date ▼ 260.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Margo Nemet Mailing Address 3 Huntington Quadran Suite 200S City Melville FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	gle State Zip Code NY 11747 C Occupation Director Compliance Services Aggregate Year-to-Date ▼ 324.00	Date of Receipt M M / 27 / 2007 Transaction ID: SA11AI.5033 Amount of Each Receipt this Period 144.00 Payroll Deduction - 12.00 Biweekly
Full Name (Last, First, Middle Initial) Stephen Paige Mailing Address 3 Huntington Quadran Suite 200S City Melville FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	gle State Zip Code NY 11747 C Occupation Senior Vice Preisdent/General Counse Aggregate Year-to-Date ▼ 1620.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	·····	1104.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 21 (check only one) X
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F GENTIVA HEALTH SER)	(الد		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle John Potapchuk Mailing Address 3 Hunting Suite 2000 City Melville FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For:	on Quadrangle State NY C Occupation EVP & Cl Aggregate	Zip Code 11747	Date of Receipt M M M
Full Name (Last, First, Middle Deborra Rodgers Mailing Address 3 Hunting Suite 2000 City Melville FEC ID number of contributing federal political committee.	on Quadrangle	Zip Code 11747	Date of Receipt M M M
Name of Employer Gentiva Health Services Inc. Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle	Aggregate	Safe Strides Year-to-Date ▼ 220.00	Payroll Deduction - 10.00 Biweekly
Susan Sender Mailing Address 3 Hunting Suite 200: City Melville FEC ID number of contributing federal political committee.	on Quadrangle State NY	Zip Code 11747	Date of Receipt M M 27 27 2007 Transaction ID: SA11AI.5042 Amount of Each Receipt this Period 240.00
Name of Employer Gentiva Health Services Inc. Receipt For: Primary Gener Other (specify) ▼	Aggregate	ef Nursing Executive Year-to-Date 540.00	Payroll Deduction - 20.00 Biweekly
SUBTOTAL of Receipts This Pa	ge (optional)		1760.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/21 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC	C PAC GENTIV	APAC	
Full Name (Last, First, Middle Initial) Todd Sexe			Date of Receipt
Mailing Address 3 Huntington Quade Suite 200S	rangle		12 27 2007
City	State	Zip Code	Transaction ID: SA11AI.5043
Melville FEC ID number of contributing federal political committee.	C	11747	Amount of Each Receipt this Period 240.00
Name of Employer Gentiva Health Services Inc.	Occupatio VP Home	n e Health Operations	Payroll Deduction - 20.00 Biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Sue-Ellen Stuart			Date of Receipt
Mailing Address 3 Huntington Quade Suite 200S	rangle		12 27 2007
City Melville	State NY	Zip Code 11747	Transaction ID: SA11AI.5046 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11/4/	120.00
Name of Employer Gentiva Health Services Inc.	Occupatio Area Dire		Payroll Deduction - 10.00 Biweekly
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Cynthia Thackston			Date of Receipt
Mailing Address 3 Huntington Quade Suite 200S	rangle		12 27 2007
City Melville	State NY	Zip Code	Transaction ID: SA11AI.5050
FEC ID number of contributing federal political committee.	C	11747	Amount of Each Receipt this Period 180.00
Name of Employer Gentiva Health Services Inc.	Occupatio Branch D	Director	Payroll Deduction - 15.00 Biweekly
Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 405.00	
SUBTOTAL of Receipts This Page (optional	J		540.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC F	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Deborah Thompson Mailing Address 3 Huntington Quadrate Suite 200S City Melville FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For:	State NY C Occupation Branch [Zip Code 11747	Date of Receipt 1 2 2 7 2 0 0 7 Transaction ID: SA11AI.5051 Amount of Each Receipt this Period 180.00 Payroll Deduction - 15.00 Biweekly
– В.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Topp Mailing Address 3 Huntington Quadrate Suite 200S City Melville FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Branch [Zip Code 11747	Date of Receipt M M
_ c.	Full Name (Last, First, Middle Initial) Kathy Warmath Mailing Address 3 Huntington Quadrate Suite 200S City Melville FEC ID number of contributing federal political committee. Name of Employer Gentiva Health Services Inc. Receipt For: Primary General Other (specify)	State NY C Occupation Branch [Date of Receipt M
	SUBTOTAL of Receipts This Page (optional) .			420.00
	TOTAL This Period (last page this line numbe	r only)		10341.00

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)) FOR LINE NUMBE (check only one)						21
I	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b	22) 28a	23 28b	24 28c	25 29	26 30b
	ny Information copied from such Reports and Stat for commercial purposes, other than using the na								
	NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAGE								
<u>Г</u> А.	Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE				Date of D	Disburser			V
	Mailing Address P.O. BOX 21093				0 ^M 7 M	[/] 0	1 / Y	200	7 1
	City CATONSVILLE	State Zip Code MD 21228			Amount	of Each [Disbursem		
	Purpose of Disbursement Void Check - Issued in Error		003					-1000.0	00
	Candidate Name BENJAMIN L CARDIN		Catego Type						
	X Senate President	sement For: 2006 Primary X General Other (specify)							
— В.	State: MD District: 03 Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE					tion ID: S	SB23.506	69	
	Mailing Address P.O. BOX 21093				M M M		D / Y	ý 0 ŏ	7 ^Y
	City	State Zip Code			Amount	of Each [Disbursem	ent this	Period
	CATONSVILLE Purpose of Disbursement	MD 21228		_	1000.00				
	Solicitation & Fundraising Expenses Candidate Name BENJAMIN L CARDIN		003 Catego Type	ory/					
	·	sement For: 2012 X Primary General Other (specify) ▼							
С.	Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR					tion ID: S	SB23.509 ment	57	
	Mailing Address PO BOX 1096				0 8 M	[′] 3	D / Y	žoŏ	7 ^Y
	City BANGOR	State Zip Code ME 04402		,	Amount	of Each [Disbursem	ent this	Period
	Purpose of Disbursement Solicitation & Fundraising Expenses		003		L			1500.0	00
	Candidate Name SUSAN M COLLINS		Catego Type						
	X Senate President	sement For: 2008 X Primary General Other (specify)							
Г	State: ME District: 00								
یا	SUBTOTAL of Disbursements This Page (optional	l)		<u> </u>				1500.0	00
-	TOTAL This Period (last page this line number on	y)		•					

SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LC I OHII 5X)	Use separate schedule(s	(check onl	E NUMBER: PAGE 19/21 lly one)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30					
Any Information copied from such Reports and Stator for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PACE	me and address of any politica							
Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008 Mailing Address 5915 EASTMAN AVE. 5915 EASTMAN AVE. City MIDLAND			Transaction ID: SB23.5062 Date of Disbursement M M / D 1 6 / Y Y Y O 7 7 Amount of Each Disbursement this Period					
ů A	sement For: 2008 X Primary General Other (specify)	003 Category/ Type	1000.00					
9 1		003 Category/ Type	Transaction ID: SB23.5070 Date of Disbursement M M M M / D 1 4 / Y 2 0 0 7 Y Amount of Each Disbursement this Period					
Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS Mailing Address PO BOX 586 City HELENA Purpose of Disbursement Solicitation & Fundraising Expenses Candidate Name MAX BAUCUS Office Sought: House X Senate President State: MT District: 00	State Zip Code MT 59624 sement For: 2008 Primary X General Other (specify)	003 Category/ Type	Transaction ID: SB23.5066 Date of Disbursement M M M / D D D / Y Y Y O Y 7 Amount of Each Disbursement this Period 2500.00					
SUBTOTAL of Disbursements This Page (optional TOTAL This Period (last page this line number on			4500.00					

		Use separate schedule(s		FOR LINE NUMBER (check only one)											
		SBURSEMEN		Detailed Summary Page			Ė	21b 27	22 28a	\perp	23 28b	2	24 28c	25 29	
		ed from such Reports poses, other than usir													
1 \	NAME OF COMM GENTIVA HEA	MITTEE (In Full) ALTH SERVICES II	NC PAC G	ENTIVAF	PAC										
	,	First, Middle Initial) LSON FOR CONG	RESS						Date	of D	sburs	: SB2 ement			
	Mailing Address	P.O. BOX 1407 P.O. BOX 1407							1 1	M	[']	7 7	Y.	žoŏ	7 ^Y
	City ALBUQUERQI	JE		State VM	Zip Code 87191				Amo	ount o	Each	n Disbu		ent this	
	Purpose of Disbu Solicitation & Fun	rsement draising Expenses				Г	00	3						1000.0	00
	Candidate Name HEATHER A. \	WILSON					ateo Typ	gory/ be							
	Office Sought:	X House Senate President		nent For: Primary Other (spe	2008 General										
	•	District: 01 First, Middle Initial) PR CONGRESS CO		=								: SB2		5	
	Mailing Address	PO BOX 7665 333 Texas Stree							1 ^M (М		18		ž 0 ŏ	7 ^Y
	City SHREVEPORT		S	State _A	Zip Code 71137				Amo	ount o	Each	n Disbu	ırseme	ent this	Perio
	Purpose of Disbu Solicitation & Fun	rsement draising Expenses				Г	00	3						1000.0	00
	Candidate Name JAMES OTIS I	II MCCRERY					ateo Typ	gory/ oe							
	Office Sought:	X House Senate President		nent For: Primary Other (spe	2008 General										
	, ,	District: 04 First, Middle Initial)							Trar	sacti	on ID	: SB2	3.505	9	
		GOVERN COMMI	TTEE						М	М		ement		Ý 0 0	7 Y
	Mailing Address	PO Box 60405 PO Box 60405							1 (
	City Worcester			State VIA	Zip Code 01606				Amo	ount o	Each	n Disbu		ent this	
		rsement draising Expenses					00							1500.0	JU
	Candidate Name JIM P MCGOV	ERN					ateo Typ	gory/ pe							
	Office Sought: State: MA	X House Senate President District: 03		nent For: Primary Other (spe	2008 General cify)										
	J.4.0. 1111 1	2.00.100.00	<u> </u>												-

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		PAGE 21 / 21 23
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) GENTIVA HEALTH SERVICES INC PAC G	BENTIVAPAC		
Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTE Mailing Address P.O. BOX 391	ΞE		on ID: SB23.5075 sbursement
HÓPKINSVILLE Purpose of Disbursement	State Zip Code KY 42241		Each Disbursement this Period 1000.00
Solicitation & Fundraising Expenses Candidate Name ED WHITFIELD		003 Category/ Type	
X X	ment For: 2008 Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	10500.00