

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 11747-4627

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, 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, Convention, Special, Runoff. (d) 30-Day Post-Election Report for the: General, Runoff, Special.

5. Covering Period 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer John Potapchuk Signature of Treasurer Electronically Filed by John Potapchuk Date 01 31 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: 

|   |   |
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 To: 

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| 2 | 0 | 0 | 7 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>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>7</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 7 |  | 22551.06 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 7 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 24116.05                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 12497.00                | 29563.00                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 36613.05                | 52114.06                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 10500.00                | 26001.01                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 26113.05                | 26113.05                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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 |
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| 3 | 1 |

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|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 10341.00                      | 23922.00                          |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 2156.00                       | 5641.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 12497.00                      | 29563.00                          |
| (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) .....     | 12497.00                      | 29563.00                          |
| 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)) .....                          | 12497.00                      | 29563.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 12497.00                      | 29563.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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 Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 10500.00                      | 26000.00                          |
| 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))..       | 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

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>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                              |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 21                  |
|   | <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

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>James Andrews                                  | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|   | Mailing Address 3 Huntington Quadrangle<br>Suite 200S                                     | <b>Transaction ID:</b> SA11AI.4982                  |
|   | City State Zip Code<br>Melville NY 11747  | Amount of Each Receipt this Period<br>180.00        |
|   | FEC ID number of contributing federal political committee.<br>C                           | Payroll Deduction - \$15.00<br>Biweekly             |
|   | Name of Employer Occupation<br>Gentiva Health Services Inc. AVP - Financial Services Unit |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>405.00  |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>John Aurelio                                    | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|   | Mailing Address 3 Huntington Quadrangle<br>Suite 200S                                      | <b>Transaction ID:</b> SA11AI.4983                  |
|   | City State Zip Code<br>Melville NY 11747   | Amount of Each Receipt this Period<br>180.00        |
|   | FEC ID number of contributing federal political committee.<br>C                            | Payroll Deduction - \$15.00<br>Biweekly             |
|   | Name of Employer Occupation<br>Gentiva Health Services Inc. Regional VP Nursing Operations |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>405.00   |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Brian Bacon                      | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|   | Mailing Address 3 Huntington Quadrangle<br>Suite 200S                       | <b>Transaction ID:</b> SA11AI.4984                  |
|   | City State Zip Code<br>Melville NY 11747                                    | Amount of Each Receipt this Period<br>150.00        |
|   | FEC ID number of contributing federal political committee.<br>C             | Payroll Deduction - \$15.00<br>Bieekly              |
|   | Name of Employer Occupation<br>Gentiva Health Services Inc. Branch Director |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>360.00  |   |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 510.00 |
| <b>TOTAL</b> 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 / 21                  |
|   | <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             |                              |

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

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mara Benner  | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|   | Mailing Address 3 Huntington Quadrangle Suite 200S  | <b>Transaction ID:</b> SA11AI.4986                  |
|   | City State Zip Code<br>Melville NY 11747  | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee.<br>C                               | Payroll Deduction - \$25.00<br>Biweekly             |
|   | Name of Employer Occupation<br>Gentiva Health Services Inc. Vice President Government Affairs |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>675.00  |   |

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|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Thomas Boelsen                                | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|   | Mailing Address 3 Huntington Quadrangle Suite 200S                                       | <b>Transaction ID:</b> SA11AI.4987                  |
|   | City State Zip Code<br>Melville NY 11747   | Amount of Each Receipt this Period<br>600.00        |
|   | FEC ID number of contributing federal political committee.<br>C                          | Payroll Deduction - \$50.00<br>Biweekly             |
|   | Name of Employer Occupation<br>Gentiva Health Services Inc. Vice President - CareCentrix |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>950.00   |   |

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| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Cindy Brown                      | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|   | Mailing Address 3 Huntington Quadrangle Suite 200S                          | <b>Transaction ID:</b> SA11AI.4988                  |
|   | City State Zip Code<br>Melville NY 11747                                    | Amount of Each Receipt this Period<br>150.00        |
|   | FEC ID number of contributing federal political committee.<br>C             | Payroll Deduction - \$15.00<br>Biweekly             |
|   | Name of Employer Occupation<br>Gentiva Health Services Inc. Branch Director |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>375.00  |   |

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|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1050.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|   |   |             |
|---|---|-------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 8 / 21 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |             |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |             |

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

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Robert Brunson  | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|           | Mailing Address 3 Huntington Quadrangle<br>Suite 200S  | <b>Transaction ID:</b> SA11AI.4989                  |
|           | City State Zip Code<br>Melville NY 11747   | Amount of Each Receipt this Period<br>180.00        |
|           | FEC ID number of contributing federal political committee.<br>C  | Payroll Deduction - \$15.00<br>Biweekly             |
|           | Name of Employer Occupation<br>Gentiva Health Services AVP - Sales<br>Inc.<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00                  |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Linda Byler   | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|           | Mailing Address 3 Huntington Quadrangle<br>Suite 200S  | <b>Transaction ID:</b> SA11AI.4994                  |
|           | City State Zip Code<br>Melville NY 11747   | Amount of Each Receipt this Period<br>120.00        |
|           | FEC ID number of contributing federal political committee.<br>C  | Payroll Deduction - \$10.00<br>Biweekly             |
|           | Name of Employer Occupation<br>Gentiva Health Services Branch Director<br>Inc.<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>270.00                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Bruce Carter   | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|           | Mailing Address 3 Huntington Quadrangle<br>Suite 200S   | <b>Transaction ID:</b> SA11AI.4995                  |
|           | City State Zip Code<br>Melville NY 11747  | Amount of Each Receipt this Period<br>240.00        |
|           | FEC ID number of contributing federal political committee.<br>C   | Payroll Deduction - \$20.00<br>Biweekly             |
|           | Name of Employer Occupation<br>Gentiva Health Services RVP - Operations<br>Inc.<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>480.00                  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 540.00 |
| <b>TOTAL</b> 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 / 21                  |
|   | <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             |                              |

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

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Douglas Dahlgard   | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|           | Mailing Address 3 Huntington Quadrangle Suite 200S  | <b>Transaction ID:</b> SA11AI.4998                  |
|           | City State Zip Code<br>Melville NY 11747  | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee.<br>C   | Payroll Deduction - \$25.00<br>Biweekly             |
|           | Name of Employer: Gentiva Health Services Inc.<br>Occupation: Vice President Tax<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>675.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Rexanne Domico  | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|           | Mailing Address 3 Huntington Quadrangle Suite 200S   | <b>Transaction ID:</b> SA11AI.4999                  |
|           | City State Zip Code<br>Melville NY 11747   | Amount of Each Receipt this Period<br>120.00        |
|           | FEC ID number of contributing federal political committee.<br>C  | Payroll Deduction - \$120.00<br>Biweekly            |
|           | Name of Employer: Gentiva Health Services Inc.<br>Occupation: VP Gentiva Consulting<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>270.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Philip Feldman   | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|           | Mailing Address 3 Huntington Quadrangle Suite 200S  | <b>Transaction ID:</b> SA11AI.5003                  |
|           | City State Zip Code<br>Melville NY 11747  | Amount of Each Receipt this Period<br>150.00        |
|           | FEC ID number of contributing federal political committee.<br>C   | Payroll Deduction - \$15.00<br>Biweekly             |
|           | Name of Employer: Gentiva Health Services Inc.<br>Occupation: AVP Financial Operations<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>375.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>570.00</b> |
| <b>TOTAL</b> 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 10 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Claire Gold

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 Occupation  
Gentiva Health Services Manager Therapy Practice  
Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.5006

Amount of Each Receipt this Period  
120.00

Payroll Deduction - \$10.00  
Biweekly

**B.** Full Name (Last, First, Middle Initial)  
Mary Jalwan

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 Occupation  
Gentiva Health Services RVP Sales  
Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.5015

Amount of Each Receipt this Period  
240.00

Payroll Deduction - \$20.00  
Biweekly

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Johnson

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 Occupation  
Gentiva Health Services Branch Director  
Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 324.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.5016

Amount of Each Receipt this Period  
144.00

Payroll Deduction - 12.00  
Biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 504.00

**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 11 / 21                 |
|   | <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  |

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

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Brenda Junior                    | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|   | Mailing Address 3 Huntington Quadrangle Suite 200S                          | <b>Transaction ID:</b> SA11AI.5018                  |
|   | City State Zip Code<br>Melville NY 11747                                    | Amount of Each Receipt this Period<br>240.00        |
|   | FEC ID number of contributing federal political committee.<br>C             | Payroll Deduction - \$20.00<br>Biweekly             |
|   | Name of Employer Occupation<br>Gentiva Health Services Inc. Branch Director |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Joanne Kassebaum                 | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|   | Mailing Address 3 Huntington Quadrangle Suite 200S                          | <b>Transaction ID:</b> SA11AI.5019                  |
|   | City State Zip Code<br>Melville NY 11747                                    | Amount of Each Receipt this Period<br>480.00        |
|   | FEC ID number of contributing federal political committee.<br>C             | Payroll Deduction - 40.00<br>Biweekly               |
|   | Name of Employer Occupation<br>Gentiva Health Services Inc. AVP - Marketing |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1080.00   |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Alfred Lebel                               | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|   | Mailing Address 3 Huntington Quadrangle Suite 200S                                    | <b>Transaction ID:</b> SA11AI.5022                  |
|   | City State Zip Code<br>Melville NY 11747  | Amount of Each Receipt this Period<br>396.00        |
|   | FEC ID number of contributing federal political committee.<br>C                       | Payroll Deduction - 33.00<br>Biweekly               |
|   | Name of Employer Occupation<br>Gentiva Health Services Inc. VP - Financial Operations |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>891.00  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1116.00</b> |
| <b>TOTAL</b> 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 12 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
JoAnne Little

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 Occupation  
Gentiva Health Services Asst General Counsel  
Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.5023

Amount of Each Receipt this Period  
330.00

Payroll Deduction - 30.00  
Bweekly

**B.** Full Name (Last, First, Middle Initial)  
Daniel Locker

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 Occupation  
Gentiva Health Services Regional Vice President Sales  
Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 693.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.5024

Amount of Each Receipt this Period  
462.00

Payroll Deduction - 38.50  
Biweekly

**C.** Full Name (Last, First, Middle Initial)  
Marie McCallion

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 Occupation  
Gentiva Health Services Director Marketing Communications  
Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.5026

Amount of Each Receipt this Period  
120.00

Payroll Deduction - 10.00  
biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 912.00

**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 13 / 21 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

|   |   |                               |   |   |  |
|---|---|-------------------------------|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Lynn McGuire         |                               | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |   |  |
|   | Mailing Address 3 Huntington Quadrangle Suite 200S              |                               | <b>Transaction ID:</b> SA11AI.5027                  |   |  |
|   | City<br>Melville  | State<br>NY                   | Zip Code<br>11747                                   | Amount of Each Receipt this Period<br>75.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                               | Payroll Deduction - 25.00<br>Biweekly               |   |  |
|   | Name of Employer<br>Gentiva Health Services Inc.                | Occupation<br>Branch Director | Aggregate Year-to-Date<br>450.00                    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                               |   |   |  |

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Murray Mease         |   | Date of Receipt<br>MM / DD / YYYY<br>08 / 15 / 2007 |   |  |
|   | Mailing Address 3 Huntington Quadrangle Suite 200S              |   | <b>Transaction ID:</b> SA11AI.5028                  |   |  |
|   | City<br>Melville  | State<br>NY                               | Zip Code<br>11747                                   | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |   | Payroll Deduction - 25.00<br>Biweekly               |   |  |
|   | Name of Employer<br>Gentiva Health Services Inc.                | Occupation<br>Vice President Care Centrix | Aggregate Year-to-Date<br>1000.00                   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |  |

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mary Muchow          |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |  |  |
|   | Mailing Address 3 Huntington Quadrangle Suite 200S              |   | <b>Transaction ID:</b> SA11AI.5029                  |  |  |
|   | City<br>Melville  | State<br>NY                                 | Zip Code<br>11747                                   | Amount of Each Receipt this Period<br>240.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |   | Payroll Deduction - 20.00<br>Biweekly               |  |  |
|   | Name of Employer<br>Gentiva Health Services Inc.                | Occupation<br>Director, Clinical Operations | Aggregate Year-to-Date<br>540.00                    |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1315.00 |
| <b>TOTAL</b> 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 14 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Duane Neel

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 Occupation  
Gentiva Health Services RVP - Sales  
Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.5032

Amount of Each Receipt this Period  
240.00

Payroll Deduction - 20.00  
Biweekly

**B.** Full Name (Last, First, Middle Initial)  
Margo Nemet

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 Occupation  
Gentiva Health Services Director Compliance Services  
Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 324.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.5033

Amount of Each Receipt this Period  
144.00

Payroll Deduction - 12.00  
Biweekly

**C.** Full Name (Last, First, Middle Initial)  
Stephen Paige

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 Occupation  
Gentiva Health Services Senior Vice President/General Counsel  
Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1620.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.5036

Amount of Each Receipt this Period  
720.00

Payroll Deduction - 60.00  
Biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1104.00

**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 15 / 21                 |
|   | <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             |                              |

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

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>John Potapchuk   | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|           | Mailing Address 3 Huntington Quadrangle Suite 200S  | <b>Transaction ID:</b> SA11AI.5038                  |
|           | City State Zip Code<br>Melville NY 11747  | Amount of Each Receipt this Period<br>1400.00       |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer: Gentiva Health Services Inc.<br>Occupation: EVP & Chief Financial Officer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1400.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Deborra Rodgers   | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|           | Mailing Address 3 Huntington Quadrangle Suite 200S   | <b>Transaction ID:</b> SA11AI.5039                  |
|           | City State Zip Code<br>Melville NY 11747   | Amount of Each Receipt this Period<br>120.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer: Gentiva Health Services Inc.<br>Occupation: Director - Safe Strides<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>220.00 | Payroll Deduction - 10.00<br>Biweekly               |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Susan Sender   | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|           | Mailing Address 3 Huntington Quadrangle Suite 200S  | <b>Transaction ID:</b> SA11AI.5042                  |
|           | City State Zip Code<br>Melville NY 11747  | Amount of Each Receipt this Period<br>240.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer: Gentiva Health Services Inc.<br>Occupation: VP & Chief Nursing Executive<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>540.00 | Payroll Deduction - 20.00<br>Biweekly               |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1760.00</b> |
| <b>TOTAL</b> 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 16 / 21  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Todd Sexe

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 Occupation  
Gentiva Health Services VP Home Health Operations  
Inc.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.5043

Amount of Each Receipt this Period  
240.00

Payroll Deduction - 20.00  
Biweekly

**B.** Full Name (Last, First, Middle Initial)  
Sue-Ellen Stuart

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 Occupation  
Gentiva Health Services Area Director  
Inc.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.5046

Amount of Each Receipt this Period  
120.00

Payroll Deduction - 10.00  
Biweekly

**C.** Full Name (Last, First, Middle Initial)  
Cynthia Thackston

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 Occupation  
Gentiva Health Services Branch Director  
Inc.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.5050

Amount of Each Receipt this Period  
180.00

Payroll Deduction - 15.00  
Biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **540.00**

**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 17 / 21                 |
|   | <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             |                              |

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

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Deborah Thompson   | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|           | Mailing Address 3 Huntington Quadrangle Suite 200S  | <b>Transaction ID:</b> SA11AI.5051                  |
|           | City State Zip Code<br>Melville NY 11747  | Amount of Each Receipt this Period<br>180.00        |
|           | FEC ID number of contributing federal political committee.<br>C   | Payroll Deduction - 15.00<br>Biweekly               |
|           | Name of Employer: Gentiva Health Services Inc.<br>Occupation: Branch Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/><br>Aggregate Year-to-Date: 405.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Patrick Topp   | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|           | Mailing Address 3 Huntington Quadrangle Suite 200S  | <b>Transaction ID:</b> SA11AI.5052                  |
|           | City State Zip Code<br>Melville NY 11747  | Amount of Each Receipt this Period<br>120.00        |
|           | FEC ID number of contributing federal political committee.<br>C   | Payroll Deduction - 10.00<br>Biweekly               |
|           | Name of Employer: Gentiva Health Services Inc.<br>Occupation: Branch Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/><br>Aggregate Year-to-Date: 270.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Kathy Warmath  | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2007 |
|           | Mailing Address 3 Huntington Quadrangle Suite 200S  | <b>Transaction ID:</b> SA11AI.5053                  |
|           | City State Zip Code<br>Melville NY 11747  | Amount of Each Receipt this Period<br>120.00        |
|           | FEC ID number of contributing federal political committee.<br>C   | Payroll Deduction - 10.00<br>Biweekly               |
|           | Name of Employer: Gentiva Health Services Inc.<br>Occupation: Branch Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/><br>Aggregate Year-to-Date: 220.00 |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>420.00</b>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>10341.00</b> |

**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 |

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

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>BEN CARDIN FOR SENATE  | Transaction ID: SB23.5073<br>Date of Disbursement  |
|    | Mailing Address P.O. BOX 21093  | <input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="2007"/>  |
|    | City CATONSVILLE State MD Zip Code 21228  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Void Check - Issued in Error   | <input type="text" value="-1000.00"/>  |
|    | Candidate Name<br>BENJAMIN L CARDIN   | <input type="text" value="003"/><br>Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MD District: 03 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>BEN CARDIN FOR SENATE  | Transaction ID: SB23.5069<br>Date of Disbursement  |
|    | Mailing Address P.O. BOX 21093  | <input type="text" value="11"/> <input type="text" value="14"/> / <input type="text" value="2007"/>  |
|    | City CATONSVILLE State MD Zip Code 21228  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Solicitation & Fundraising Expenses  | <input type="text" value="1000.00"/>   |
|    | Candidate Name<br>BENJAMIN L CARDIN   | <input type="text" value="003"/><br>Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MD District: 03 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>COLLINS FOR SENATOR  | Transaction ID: SB23.5057<br>Date of Disbursement  |
|    | Mailing Address PO BOX 1096   | <input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="2007"/>  |
|    | City BANGOR State ME Zip Code 04402   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Solicitation & Fundraising Expenses  | <input type="text" value="1500.00"/>   |
|    | Candidate Name<br>SUSAN M COLLINS   | <input type="text" value="003"/><br>Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ME District: 00 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**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 |

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

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>DAVE CAMP FOR CONGRESS 2008</p> <p>Mailing Address 5915 EASTMAN AVE. SUITE 100<br/>5915 EASTMAN AVE. SUITE 100</p> <p>City MIDLAND State MI Zip Code 48640</p> <p>Purpose of Disbursement Solicitation &amp; 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<br/>State: MI District: 04</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23.5062<br/><b>Date of Disbursement:</b><br/>10 / 16 / 2007</p> <p><b>Amount of Each Disbursement this Period:</b><br/>1000.00</p> <p><b>Category/Type:</b><br/>003</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DAVE CAMP FOR CONGRESS 2008</p> <p>Mailing Address 5915 EASTMAN AVE. SUITE 100<br/>5915 EASTMAN AVE. SUITE 100</p> <p>City MIDLAND State MI Zip Code 48640</p> <p>Purpose of Disbursement Solicitation &amp; 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<br/>State: MI District: 04</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23.5070<br/><b>Date of Disbursement:</b><br/>11 / 14 / 2007</p> <p><b>Amount of Each Disbursement this Period:</b><br/>1000.00</p> <p><b>Category/Type:</b><br/>003</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FRIENDS OF MAX BAUCUS</p> <p>Mailing Address PO BOX 586</p> <p>City HELENA State MT Zip Code 59624</p> <p>Purpose of Disbursement Solicitation &amp; Fundraising Expenses</p> <p>Candidate Name MAX BAUCUS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MT District: 00</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> SB23.5066<br/><b>Date of Disbursement:</b><br/>11 / 06 / 2007</p> <p><b>Amount of Each Disbursement this Period:</b><br/>2500.00</p> <p><b>Category/Type:</b><br/>003</p> |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4500.00 |
| <b>TOTAL</b> 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 |

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

**A.** Full Name (Last, First, Middle Initial)  
HEATHER WILSON FOR CONGRESS

Mailing Address P.O. BOX 14070  
P.O. BOX 14070

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement  
Solicitation & Fundraising Expenses

001  
 002  
 003  
Category/  
Type

Candidate Name  
HEATHER A. WILSON

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: NM District: 01

Transaction ID: SB23.5067  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
MCCRERY FOR CONGRESS COMMITTEE

Mailing Address PO BOX 7665  
333 Texas Street Suite 1900

City SHREVEPORT State LA Zip Code 71137

Purpose of Disbursement  
Solicitation & Fundraising Expenses

001  
 002  
 003  
Category/  
Type

Candidate Name  
JAMES OTIS III MCCRERY

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: LA District: 04

Transaction ID: SB23.5065  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
RE-ELECT MCGOVERN COMMITTEE

Mailing Address PO Box 60405  
PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement  
Solicitation & Fundraising Expenses

001  
 002  
 003  
Category/  
Type

Candidate Name  
JIM P MCGOVERN

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: MA District: 03

Transaction ID: SB23.5059  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**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)

PAGE 21 / 21

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

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

A.

Full Name (Last, First, Middle Initial)  
WHITFIELD FOR CONGRESS COMMITTEE

Transaction ID: SB23.5075

Date of Disbursement

Mailing Address P.O. BOX 391

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 6 |   | 2 | 0 | 0 | 7 |

City HOPKINSVILLE State KY Zip Code 42241

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement  
Solicitation & Fundraising Expenses

|     |
|-----|
| 003 |
|-----|

Category/  
Type

Candidate Name  
ED WHITFIELD

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

SUBTOTAL of Disbursements This Page (optional) ..... ►

|         |
|---------|
| 1000.00 |
|---------|

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

|          |
|----------|
| 10500.00 |
|----------|