

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

ADDRESS (number and street)

19387 U.S. 19 NORTH

Check if different  
than previously  
reported. (ACC)

CLEARWATER

FL

33764-3102

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00653477

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2025

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2025

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

ZEMEK, SEAN, ALLEN, ,

Signature of Treasurer

ZEMEK, SEAN, ALLEN, ,

Date

M M M / D D D / Y Y Y Y Y Y  
07 03 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUNDReport Covering the Period: From: 

M M	/	D D	/	Y Y Y Y Y
01		01		2025

 To: 

M M	/	D D	/	Y Y Y Y Y
06		30		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div>135425.34</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>135425.34</div>	
(c) Total Receipts (from Line 19) .....	<div>9051.68</div>	<div>9051.68</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>144477.02</div>	<div>144477.02</div>
7. Total Disbursements (from Line 31).....	<div>0.00</div>	<div>0.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>144477.02</div>	<div>144477.02</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
01 01 2025

To:

M M / D D / Y Y Y Y  
06 30 2025**I. Receipts****COLUMN A**  
**Total This Period****COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1962.20

1962.20

(ii) Unitemized .....

7089.48

7089.48

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

9051.68

9051.68

(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) .....

9051.68

9051.68

## 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 Transfers (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)) .....

9051.68

9051.68

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

9051.68

9051.68

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9051.68	9051.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9051.68	9051.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 12  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ABBOTT, BRIAN, D., ,**

Mailing Address 18606 PONCIANA AVE

City  
CLEVELANDState  
OHZip Code  
44135-3946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
MANAGER, RHC SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : A4A9E670EFFBF4FDE85F

Amount of Each Receipt this Period

57.72

☐ Memo Item

PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ADAMS, PAULA, K., ,**

Mailing Address 21360 DARTER RD

City  
LAND O LAKESState  
FLZip Code  
34638-5770FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
HEAD OF EMPLOYEE RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : A92FE9EDB30A1482DB63

Amount of Each Receipt this Period

125.00

☐ Memo Item

PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GANGEMI, DEBORAH, A., ,**

Mailing Address 2970 PLEASANT AVE

City  
HAMBURGState  
NYZip Code  
14075-3624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
MANAGER, REGION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : AA6213D79A5694AA490B

Amount of Each Receipt this Period

60.00

☐ Memo Item

PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

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

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

242.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 12  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GARNER, WILLIAM, J, ,**

Mailing Address 750 W 58TH ST

City  
CASPERState  
WYZip Code  
82601-6508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
MANAGER, OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : A58DB7513A8C54B1A9FC

Amount of Each Receipt this Period

57.72

☐ Memo Item

PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JOHNSON, SUSAN, M, ,**

Mailing Address 8061 124TH TER

City  
LARGOState  
FLZip Code  
33773-2923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
VP, BILLING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : A476ECCFA97274107892

Amount of Each Receipt this Period

60.00

☐ Memo Item

PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JONES, JODI, BETH, ,**

Mailing Address 488 SAINT THOMAS CT

City  
FAIRFIELDState  
OHZip Code  
45014-4469FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
VP, SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : A92B1102718964B9D8CF

Amount of Each Receipt this Period

57.72

☐ Memo Item

PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

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

175.44

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

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

FOR LINE NUMBER: PAGE 8 OF 12  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LIZOTTE, DENNIS, P, ,**

Mailing Address 9 WILDBROOK DR

City  
BIDDEFORD

State  
ME

Zip Code  
04005-9740

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCARE

Occupation (for Individual)  
MANAGER, AREA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2025

Transaction ID : A2A1917600006485380C

Amount of Each Receipt this Period

57.72

☐ Memo Item

PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCBRIDE, DOUG, S, ,**

Mailing Address 115 COLEMAN RD

City  
SPRINGFIELD

State  
SD

Zip Code  
57062-6419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCARE

Occupation (for Individual)  
MANAGER, AREA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2025

Transaction ID : A23F0E3C8B8B744E1852

Amount of Each Receipt this Period

57.72

☐ Memo Item

PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCGONAGILL, CATHERINE, , ,**

Mailing Address 1825 SUTHERLAND DR W

City  
PALM HARBOR

State  
FL

Zip Code  
34683-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCARE

Occupation (for Individual)  
VP, MANAGED CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2025

Transaction ID : AA0D7897AA91E497794A

Amount of Each Receipt this Period

60.00

☐ Memo Item

PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

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

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

175.44



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 12  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MOHAMMED, SHIRAZ, , ,**

Mailing Address 17306 LADERA ESTATES BLVD

City  
LUTZ

State  
FL

Zip Code  
33548-4816

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCARE

Occupation (for Individual)  
VP, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2025

**Transaction ID : A940CFD189CAB4043A49**

Amount of Each Receipt this Period

57.72

☐ Memo Item

PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOREAU, SANDRA, L, ,**

Mailing Address 16226 MUIRFIELD DR

City  
ODESSA

State  
FL

Zip Code  
33556-5431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCARE

Occupation (for Individual)  
MANAGER, NHC SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2025

**Transaction ID : A9E1068EA15904D94946**

Amount of Each Receipt this Period

57.72

☐ Memo Item

PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NEWBECK, PATRICK, E, ,**

Mailing Address 6105 ROYAL BIRKDALE DR

City  
LAKE WORTH

State  
FL

Zip Code  
33463-6525

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCARE

Occupation (for Individual)  
MANAGER, AREA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2025

**Transaction ID : A3883C733E4C34F16A0E**

Amount of Each Receipt this Period

125.00

☐ Memo Item

PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

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

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

240.44

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 12  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PEDERSEN, JENNIFER, L, ,**

Mailing Address 18412 KEYSTONE MANOR RD

City  
ODESSAState  
FLZip Code  
33556-4836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
CHIEF COMPLIANCE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : A3C76183228B140A987A

Amount of Each Receipt this Period

125.00

☐ Memo Item

PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. POWELL, CARLA, PATRICE, ,**

Mailing Address 401 DONEGAL DR

City  
SMITHVILLEState  
MOZip Code  
64089-8383FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
MANAGER, AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : A7514C8CD2A1D4966A10

Amount of Each Receipt this Period

57.72

☐ Memo Item

PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCOTT, ROBERT, , ,**

Mailing Address 1490 SKYLINE DR

City  
HERMITAGEState  
PAZip Code  
16148-6742FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
MANAGER, AREA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : A72DF1C39490D4064900

Amount of Each Receipt this Period

57.72

☐ Memo Item

PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

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

240.44

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

<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)

**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SWEET, MARY, BRIDGET, ,**

Mailing Address 21 DONNELLY CROSS RD

City  
SPENCERState  
MAZip Code  
01562-1501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
VP, REGIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : AD486007C09EF4029917

Amount of Each Receipt this Period

57.72

☐ Memo Item

PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. THOMPSON, STACY, LEIGH, ,**

Mailing Address 817 ENGLEWOOD ST

City  
LANSINGState  
KSZip Code  
66043-1428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
HEAD OF BILLING AUD&PROC AUTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : AE5F08E24156A4A53BBE

Amount of Each Receipt this Period

450.00

☐ Memo Item

PAYROLL DEDUCTION: \$50.00/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TRIPP, PAUL, , ,**Mailing Address 4400 W SPRUCE ST  
APT 124City  
TAMPAState  
FLZip Code  
33607-4147FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : AE650A8F9B17C4FE6BDC

Amount of Each Receipt this Period

60.00

☐ Memo Item

PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

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

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

567.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 12

<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)

**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WOJCIAK, DAVID, E, ,**

Mailing Address 14103 LONEWOOD PL

City  
TAMPAState  
FLZip Code  
33625-6411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LINCAREOccupation (for Individual)  
HEAD OF COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : AB4104CE904B54F49B8B

Amount of Each Receipt this Period

320.00

☐ Memo Item

PAYROLL DEDUCTION: \$40.00/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

320.00

1962.20