PAGE 1 / 8

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	Other Than An Auth			Office U	Jse Only
NAME OF TYP COMMITTEE (in full)	E OR PRINT ▼	Example: If typi over the lines.	ng, type	12FE4M5	
LINCARE HOLDINGS, IN	C. EMPLOYEE A	CTION FUND			
ADDRESS (number and street)	9387 U.S. 19 NORTH				
▼					
Check if different than previously reported. (ACC)	CLEARWATER			FL 3376	64-3102
2. FEC IDENTIFICATION NUMB	ER ▼ CIT	Y 🛦	S	TATE A	ZIP CODE ▲
C C00653477	3. IS		NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	b) Monthly Feb Report Due On:	20 (M2)	May 20 (M5)	Aug 20 (M8)	(Non-Election Year Only)
(a) Quarterly Reports:			Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
× April 15	Apr 2	20 (M4)	Jul 20 (M7)	Oct 20 (M10)) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12F	P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention	(12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	n on		Y II Y II Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	n on	D = D /	Y Y Y Y Y	in the State of
5. Covering Period 01	01 / Y Y Y Y Y Y 2024	through	03		024
I certify that I have examined this Ro			belief it is true	e, correct and comple	ete.
Type or Print Name of Treasurer	CROSSON, WILLIAM, JOHI	N, , JR 			
Signature of Treasurer CROSSON	I, WILLIAM, JOHN, , JR		Da		1 2024
NOTE: Submission of false, erroneous,	or incomplete information	may subject the per	son signing thi	s Report to the penal	ties of 52 U.S.C. § 30109
Office Use Only					C FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

01 2024 03 31 2024 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 132505.91 January 1. 2024 (b) Cash on Hand at 132505.91 Beginning of Reporting Period..... 5590.83 5590.83 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 138096.74 138096.74 6(a) and 6(c) for Column B)..... 7000.00 7000.00 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 131096.74 131096.74 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

R	eport Covering the Period: From: 01	01 2024 To:	03 31 2024		
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)	230.00	230.00		
	(ii) Unitemized(iii) TOTAL (add	5360.83	5360.83		
	Lines 11(a)(i) and (ii)	5590.83	5590.83		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	5590.83	5590.83		
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00		
13.	All Loans Received	0.00	0.00		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00		
10.	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	4 4			
	(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))▶	5590.83	5590.83		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5590.83	5590.83		

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		
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		3		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	0.00	0.00		
Expenditures(c) Total Operating Expenditures		7		
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	0.00		
Committees	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	7000.00	7000.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	1 4 4 4 4			
(such as PACs) (d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
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		
	0.00	0.00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7000.00	7000.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7000.00	7000.00		
	7000.00	7000.00		

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

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)	5590.83	5590.83		
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5590.83	5590.83		
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 Page

FOR	FOR LINE NUMBER: PAGE 6 OF 8					8				
(che	(check only one)									
X	11a		11b		11c		12			
	13		14		15		16	6		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and ad	not be sold or used by any persidress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
angle LINCARE HOLDINGS, INC. E	MPLOYEE	ACTION FUND	
Full Name of Individual (Last, First, Middle II THOMPSON, STACY, LEIGH, , Mailing Address 817 ENGLEWOOD ST	Date of Receipt		
City	State	Zip Code	03 29 2024 Transaction ID : AF1A0570B86284DE6ACD
LANSING	KS	66043-1428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer (for Individual)		pation (for Individual) F REIMBURSEMENT OFFICER	Memo Item PAYROLL DEDUCTION: \$50.00/BI-WEEKLY
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 350.00	
Full Name of Individual (Last, First, Middle II) WOJCIAK, DAVID, E, , Mailing Address 14103 LONEWOOD PL	nitial) or Full Org	ganization Name	Date of Receipt
City TAMPA	State FL	Zip Code 33625-6411	Transaction ID : A4C0EFDBCBFC442AD878 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		80.00
Name of Employer (for Individual)		pation (for Individual) D OF COMMUNICATIONS	Memo Item PAYROLL DEDUCTION: \$40.00/BI-WEEKLY
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Org	ganization Name	Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate \	∕ear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			230.00
TOTAL This Period (last page this line numbe	r only)		230.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
	e and address of any pointe	ai committee to	Solicit contributions from Sacri committee.			
NAME OF COMMITTEE (In Full)						
/ LINCARE HOLDINGS, INC. EMPL	OYEE ACTION FUI	ND 				
Full Name (Last, First, Middle Initial) A. CLITHRIE FOR CONCRESS COMM			Date of Disbursement			
A. GUTHRIE FOR CONGRESS COMM	ITTEE		M M / D D / Y Y Y Y			
Mailing Address 5827 COLFAX AVENUE			02 06 2024			
,	State Zip Code		FEC Identification Number			
ALEXANDRIA	VA 22311-1013					
Purpose of Disbursement			C C00181461			
CONTRIBUTION TO COMMITTEE			Transaction ID : B1CC94CE06			
Candidate Name		Category/	Amount of Each Disbursement this Period			
GUTHRIE, DAVID, E, ,		Type				
Office Sought: House Disbursen	nent For: 2024		1000.00			
Senate	Primary General					
	Other (specify) ▼		Memo Item			
State: CA District: 45 Full Name (Last, First, Middle Initial)			_			
3. JASON SMITH FOR CONGRESS			Date of Disbursement			
JASON SWITTI OK CONGICESS						
Mailing Address PO BOX 1324			03 07 2024			
,	State Zip Code		FEC Identification Number			
07 11 2 011 11 11 22 110	MO 63702-1324					
Purpose of Disbursement		C C00541862				
CONTRIBUTION TO COMMITTEE			Transaction ID : B016B9AA44			
Candidate Name		Category/	Amount of Each Disbursement this Perio			
SMITH, JASON, T, ,		Type				
	nent For: 2024		2000.00			
	Primary General		,			
State: MO District: 08	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)						
^{C.} MARSHA FOR SENATE			Date of Disbursement			
Mailing Address 410 1ST ST. SE, 2ND FL. C/O THE ELEVATED GROUP			02 06 2024			
	State Zip Code		EEC Identification Number			
WASHINGTON	DC 20003-1867		FEC Identification Number			
Purpose of Disbursement			C C00376939			
CONTRIBUTION TO COMMITTEE						
Candidate Name		Category/	Transaction ID : BDBF3A9E9I Amount of Each Disbursement this Period			
BLACKBURN, MARSHA, , ,		Type				
Office Sought: House Disbursen	nent For: 2024		1500.00			
	Primary General		4 4			
	Other (specify) ▼		Manual 1600			
State: TN District:	(1) 1		Memo Item			
SUBTOTAL of Disbursements This Page (optional)		·····•	4500.00			
TOTAL TIL B. 1.10						
TOTAL This Period (last page this line number only).						

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SCHEDULE B (FEC Form 3X)	Han announts of 1 1 1 1 1	FOR LINE NUMBER: PAGE 8 OF 8			
ITEMIZED DISBURSEMENTS			nly one)		
	Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Statem	lents may not be sold or us				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
LINCARE HOLDINGS, INC. EMPL	OYEE ACTION FU	IND			
Full Name (Last, First, Middle Initial)			Data of Dishursoment		
A. MIKE CRAPO FOR US SENATE			Date of Disbursement		
Mailing Address 228 SOUTH WASHINGTON ST., #	115		02 06 2024		
,	State Zip Code VA 22314-5404		FEC Identification Number		
Purpose of Disbursement	22314 3404		C C00330886		
CONTRIBUTION TO COMMITTEE					
Candidate Name		Category/	Transaction ID: B2D483C155 Amount of Each Disbursement this Period		
CRAPO, MICHAEL, D, ,		Type			
	nent For: 2028		2500.00		
	Primary General Other (specify) ▼				
State: ID District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial)					
В.			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address					
City	State Zip Code		FEC Identification Number		
Purpose of Disbursement			С		
		1 : : 11			
Candidate Name	Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disbursem	nent For:	туре			
	Primary General		4 4		
	Other (specify)		Memo Item		
State: District:			<u> </u>		
Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address					
City	State Zip Code		FEC Identification Number		
Purpose of Disbursement					
	C				
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disbursem	nent For:	Туре			
	Primary General		7 7 7		
	Other (specify) ▼		Memo Item		
State: District:			Monto Rom		
SUBTOTAL of Disbursements This Page (optional)			2500.00		
TOTAL This Period (last page this line number only).			7000.00		