

# 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 REPORT  NEW (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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2022 through  /  /  2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
CLARK, CHRISTOPHER, LYNN, ,  
Type or Print Name of Treasurer

Signature of Treasurer **CLARK, CHRISTOPHER, LYNN, ,** [Electronically Filed] Date  /  /  2022

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		120866.51
(b) Cash on Hand at Beginning of Reporting Period.....	119618.73	
(c) Total Receipts (from Line 19) .....	7119.89	13372.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	126738.62	134238.62
7. Total Disbursements (from Line 31).....	9500.00	17000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	117238.62	117238.62
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

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).....	2673.99	2813.99
(ii) Unitemized .....	4445.90	10558.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7119.89	13372.11
(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) .....	7119.89	13372.11
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)).....▶	7119.89	13372.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7119.89	13372.11

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	9500.00	17000.00
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)) ..	9500.00	17000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9500.00	17000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	7119.89	13372.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7119.89	13372.11
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 LINE NUMBER: (check only one)	PAGE 6 OF 18
	<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)  
**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

**A. ABBOTT, BRIAN, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18606 PONCIANA AVE  
 City CLEVELAND State OH Zip Code 44135-3946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, RHC SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AF322414DFE1342C0B85**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**B. ADAMS, PAULA, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1208 CLAYS TRL  
 City OLDSMAR State FL Zip Code 34677-4840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) HEAD OF EMPLOYEE RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A39DE66C47C7E499BACB**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

**C. DEMELLO, LORI, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2912 HAMPTON PLACE CT  
 City PLANT CITY State FL Zip Code 33566-9321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) VP, LEARNING AND DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AA0106D11CDB6475383E**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 PAYROLL DEDUCTION: \$30.00/BI-WEEKLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	392.72
<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 OF 18
<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**

**A. GANGEMI, DEBORAH, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2970 PLEASANT AVE  
 City HAMBURG State NY Zip Code 14075-3624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) RVP, NATIONAL HELD SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A7BC73E51249F4E2FA9F**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

**B. GARNER, WILLIAM, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 750 W 58TH ST  
 City CASPER State WY Zip Code 82601-6508  
 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 06 / 24 / 2022  
**Transaction ID : A10C591B6C4B848B189B**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**C. JOHNSON, SUSAN, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8061 124TH TER  
 City LARGO State FL Zip Code 33773-2923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) RVP, BILLING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : ACCE0B58EB841406691D**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	177.72
<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 8 OF 18
	<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)  
**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

**A. JONES, JODI, BETH, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6371 ENGLISH CREEK DR  
 City LAKELAND State FL Zip Code 33811-1876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) DIRECTOR, NATIONAL MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A5CB5D138E6C6401CBA9**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**B. LEWIS, HAYLEY, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 64  
 City SALINA State UT Zip Code 84654-0064  
 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 06 / 24 / 2022  
**Transaction ID : A6CA2BA8C6BEE4E24AA5**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**C. LIZOTTE, DENNIS, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 06 / 24 / 2022  
**Transaction ID : A1E382CA668D843CAB90**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	173.16
<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 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

**A. MCBRIDE, DOUG, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 06 / 24 / 2022  
**Transaction ID : A5B7756EE8AC64372B98**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**B. MCGONAGILL, CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) NATIONAL DIRECTOR, MGNED CAR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A15FE94E7044D487D8B5**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

**C. MCKENZIE, MICHAEL, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6221 S BLUFF RIDGE RD  
 City OZARK State MO Zip Code 65721-6673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) DIRECTOR, HOSPITAL RELATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AF14C8B413233479A994**  
 Amount of Each Receipt this Period 57.75  
 Memo Item  
 PAYROLL DEDUCTION: \$19.25/BI-WEEKLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.47
<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 10 OF 18
<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**

**A. MOHAMMED, SHIRAZ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) HEAD OF HR AND PAYROLL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 24 / 2022  
**Transaction ID : ACD9F8630E057404BBA5**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**B. MOREAU, SANDRA, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 06 / 24 / 2022  
**Transaction ID : A71EC0A3A3B7A4EDCB77**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**C. NEWBECK, PATRICK, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 06 / 24 / 2022  
**Transaction ID : A7290402DD108486F818**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.44
<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 11 OF 18
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

**A. PAYNE, MARY, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 157 ROSEWOOD DR N  
 City LAKE PLACID State FL Zip Code 33852-3817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, REGION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AFDF8A82457D0D491A88F**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

**B. PEDERSEN, JENNIFER, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18412 KEYSTONE MANOR RD  
 City ODESSA State FL Zip Code 33556-4836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) CHIEF COMPLIANCE OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A3F88E95556A8480593C**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

**C. PERRY, KELLIE, ROSSER, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 ROSSER RD  
 City COVINGTON State GA Zip Code 30016-4178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) PRIVACY OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A6D3FC033A3C04360A72**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	242.72
<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 12 OF 18
	<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)  
**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

**A. POWELL, CARLA, PATRICE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 DONEGAL DR  
 City SMITHVILLE State MO Zip Code 64089-8383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, AUDIT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A894CE62A435349FOAEE**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**B. REYNOLDS, WILLIAM, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 909 S B ST  
 City SAINT ALBANS State WV Zip Code 25177-2735  
 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 ▼ 260.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AF1A279908F26470FA46**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

**C. RIES, LISA, JO, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12364 MEADOW BLUFF TRL  
 City AFTON State MN Zip Code 55001-9211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, DIVISION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A980BECF86AD0446AA89**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.44
<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 13 OF 18
<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**

**A. ROUSE, JOHN, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 WINDING WAY  
 City MT JULIET State TN Zip Code 37122-2047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) RVP, BILLING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A9C54683C2BF144BBB71**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**B. SCOTT, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1490 SKYLINE DR  
 City HERMITAGE State PA Zip Code 16148-6742  
 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 06 / 24 / 2022  
**Transaction ID : A8CC5FD99CD4847C0A83**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**C. SEAGER, BRETT, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10538 S CULMINATION ST  
 City SOUTH JORDAN State UT Zip Code 84095-8315  
 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 06 / 24 / 2022  
**Transaction ID : AF9C897EA36EF4AB2BE8**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	173.16
<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 14 OF 18
	<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**

**A. STEVENS, LAURA, RENEE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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, CENTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A95CDF31F0BE742558C6**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**B. SWEET, MARY, BRIDGET, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 DONNELLY CROSS RD  
 City SPENCER State MA Zip Code 01562-1501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, REGION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A7904F18B85A14EE6983**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**C. THOMPSON, STACY, LEIGH, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 ENGLEWOOD ST  
 City LANSING State KS Zip Code 66043-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) CHIEF REIMBURSEMENT OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A47166B63F0CF468B80C**  
 Amount of Each Receipt this Period 350.00  
 Memo Item  
 PAYROLL DEDUCTION: \$50.00/BI-WEEKLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	465.44
<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 15 OF 18
	<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)  
**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

**A. TRIPP, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1906 HAVEN BND  
 City TAMPA State FL Zip Code 33613-1107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A5E4C355F6FC44ADD85C**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

**B. WILLIS, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 795 WILD RD  
 City MONTICELLO State GA Zip Code 31064-4023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, REGIONAL REIMBURSMI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A091F12EFC3A8459A909**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

**C. WILSON, TAMMY, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1240 PINECREST DR  
 City ROCK HILL State SC Zip Code 29732-8061  
 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 ▼ 260.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AD032C964B7B64D9892E**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	177.72
<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 OF 18  
(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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**WOJCIAK, DAVID, E, ,**

Mailing Address 14103 LONEWOOD PL

City TAMPA      State FL      Zip Code 33625-6411

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

Name of Employer (for Individual) LINCARE      Occupation (for Individual) HEAD OF COMMUNICATIONS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 06 / 24 / 2022  
**Transaction ID : A802B560F623E472EBF9**

Amount of Each Receipt this Period  
 280.00

Memo Item  
 PAYROLL DEDUCTION: \$40.00/BI-WEEKLY

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2673.99



**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"/> 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)  
**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

**A. CASTOR FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606-2292

Purpose of Disbursement CONTRIBUTION TO COMMITTEE

Candidate Name CASTOR, KATHY, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: FL District: 14

Date of Disbursement: 06 / 06 / 2022

FEC Identification Number: C00410761  
Transaction ID : BEA832C3E  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. GRASSLEY COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
Mailing Address C/O 1020 NORTH FAIRFAX ST. SUITE 201

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CONTRIBUTION TO COMMITTEE

Candidate Name GRASSLEY, CHARLES, E, ,

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: IA District:

Date of Disbursement: 05 / 19 / 2022

FEC Identification Number: C00230482  
Transaction ID : B98A29A776C  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. MCCARTHY VICTORY FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 439 NEW JERSEY AVENUE, SE

City WASHINGTON State DC Zip Code 20003-4034

Purpose of Disbursement CONTRIBUTION TO COMMITTEE

Candidate Name MCCARTHY VICTORY FUND

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 08 / 2022

FEC Identification Number: C00541011  
Transaction ID : B5460056CF  
Amount of Each Disbursement this Period: 2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND**

**A. MICHAEL BURGESS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 40323

M M M	/	D D D	/	Y Y Y Y Y
06		29		2022

City  
WASHINGTON

State  
DC

Zip Code  
20016-0323

FEC Identification Number

Purpose of Disbursement  
CONTRIBUTION TO COMMITTEE

C	C00372532
---	-----------

Candidate Name

**BURGESS, MICHAEL, C, ,**

Category/  
Type

**Transaction ID : BD483471551**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

State: TX District: 26

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

1000.00
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Memo Item

**B. SENSIBLE AMERICAN SOLUTIONS SUPPORTING EVERYONE PAC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address C/O PAULA DUKES  
18 HAMPTON HILLS LANE

M M M	/	D D D	/	Y Y Y Y Y
06		30		2022

City  
RICHMOND

State  
VA

Zip Code  
23226-2309

FEC Identification Number

Purpose of Disbursement  
CONTRIBUTION TO COMMITTEE

C	C00571802
---	-----------

Candidate Name

SENSIBLE AMERICAN SOLUTIONS SUPPORTING EVERYONE PAC

Category/  
Type

**Transaction ID : BAE4CB99FF**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2022  
 Primary  General  
 Other (specify) OTHER

2500.00
---------

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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Memo Item

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

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

3500.00
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9500.00
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