

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 / / 2023 through / / 2023

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 **CROSSON, WILLIAM, JOHN, , JR**

Signature of Treasurer **CROSSON, WILLIAM, JOHN, , JR** Date / / 2024

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: 07 / 01 / 2023 To: 12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		126193.91
(b) Cash on Hand at Beginning of Reporting Period.....	124828.46	
(c) Total Receipts (from Line 19)	11177.45	22812.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	136005.91	149005.91
7. Total Disbursements (from Line 31).....	3500.00	16500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	132505.91	132505.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	8853.51	11376.62
(ii) Unitemized	2323.94	11435.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11177.45	22812.00
(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)	11177.45	22812.00
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 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)).....▶	11177.45	22812.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11177.45	22812.00

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.....	3500.00	16500.00
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)) ..	3500.00	16500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	16500.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	11177.45	22812.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11177.45	22812.00
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 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 ▼ 500.24

Date of Receipt
 12 / 22 / 2023
Transaction ID : AD3D1344D0F854DD7B03
 Amount of Each Receipt this Period 250.12
 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 21360 DARTER ROAD
 City LAND O'LAKES State FL Zip Code 34638
 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 ▼ 650.00

Date of Receipt
 12 / 22 / 2023
Transaction ID : A4A5B80F1D13B4650813
 Amount of Each Receipt this Period 325.00
 Memo Item
 PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

C. ADUA, RICHARD, WILLIAM, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 396 OPENING HILL RD
 City MADISON State CT Zip Code 06443-1944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) DIRECTOR, MANAGED CARE SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 12 / 22 / 2023
Transaction ID : AD81AD909C51844FBB67
 Amount of Each Receipt this Period 103.86
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	678.98
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 7 OF 24
	<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. ANDERSON, MAXX, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43676 E PAUL LAKE DR
 City PERHAM State MN Zip Code 56573-8619
 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 ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : A2D79105B42EE44F9A9B
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

B. BURNSED, SEAN, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31877 TORTUGA SHORE LOOP
 City WESLEY CHAPEL State FL Zip Code 33545-3216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, DISTRICT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : AFCEB95CE9E3B147A1A62
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

C. CORLEY, BECKY, LINN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5616 GULF CREEK CIR
 City THEODORE State AL Zip Code 36582-2586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, EMR & E-REFERRAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : A7D65B9DC9F6149A29F2
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	23.10
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 8 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

A. DEBORD, CHARISSA, ANNE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8957 ANTIGUA DR
 City SEMINOLE State FL Zip Code 33777-2141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, REGIONAL REIMBURSME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 22 / 2023
Transaction ID : A95D50A06862C40B1A26
 Amount of Each Receipt this Period 103.86
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

B. 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 ▼ 750.00

Date of Receipt 12 / 08 / 2023
Transaction ID : A3F369C7A8F1843F2947
 Amount of Each Receipt this Period 360.00
 Memo Item
 PAYROLL DEDUCTION: \$30.00/BI-WEEKLY

C. DODSON, LOIS, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1003 SCENIC OAKS CT
 City IMPERIAL State MO Zip Code 63052-3457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, EMPLOYEE RELATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : AB3DB61E584B64F2E8F8
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	471.56
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 9 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

A. ELLIS, AMY, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 CURRENT CT
 City LIBERTY State MO Zip Code 64068-8446
 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 ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : AFE8ECEEE9229541D4A8C
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

B. ESTEL, DAVID, FRANKLIN, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7551 120TH AVE
 City LARGO State FL Zip Code 33773-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) IT SECURITY SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 22 / 2023
Transaction ID : AED9A8852AC1742568F6
 Amount of Each Receipt this Period 60.00
 Memo Item
 PAYROLL DEDUCTION: \$10.00/BI-WEEKLY

C. GABRIEL, ANNETTE, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 AMBERGLOW PL
 City CARY State NC Zip Code 27513-5347
 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 ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : AB6B885849D984A7A9DF
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	75.40
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 10 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) MANAGER, REGION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 22 / 2023
Transaction ID : AF5BD11FD8C514F4C9B9
 Amount of Each Receipt this Period 260.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

B. GARCIA, ANDREA, CAROLINA, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5704 LAKE SIDE DR
 City BOSSIER CITY State LA Zip Code 71111-5508
 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 12 / 22 / 2023
Transaction ID : A11B8F83548E248E7898
 Amount of Each Receipt this Period 60.00
 Memo Item
 PAYROLL DEDUCTION: \$10.00/BI-WEEKLY

C. 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, DIVISION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.24

Date of Receipt 12 / 22 / 2023
Transaction ID : A39839C34C6AD4CEE9C2
 Amount of Each Receipt this Period 250.12
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	570.12
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 OF 24
	<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. GARRETT, JOEL, TODD, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8482 GA HIGHWAY 208
 City WAVERLY HALL State GA Zip Code 31831-3541
 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 ▼ 208.00

Date of Receipt 12 / 22 / 2023
Transaction ID : AB3801C41FBBA42CB8DC
 Amount of Each Receipt this Period 8.00
 Memo Item
 PAYROLL DEDUCTION: \$8.00/BI-WEEKLY

B. GUIETTE, JAMIE, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9529 OAKLEY RD
 City SAINT CHARLES State MI Zip Code 48655-9527
 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 ▼ 300.04

Date of Receipt 12 / 22 / 2023
Transaction ID : AB382A97DFAEB47C3B9E
 Amount of Each Receipt this Period 103.86
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

C. JACKSON, BRIDGETTE, ANN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 PINE ST
 City LATHROP State MO Zip Code 64465-9755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) NATL DIRECTOR, O2 SUPPORT SVS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : A2250A43EF8E84C71A6B
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	119.56
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 12 OF 24
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JOHNSON, SUSAN, M, ,

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 ▼ 520.00

Date of Receipt 12 / 22 / 2023

Transaction ID : **A4810E267CA8C43DBADE**

Amount of Each Receipt this Period 260.00

Memo Item

PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. JONES, BRIAN, EDMUND, ,

Mailing Address 3 BIRCH TREE CT

City EAST STROUDSBURG State PA Zip Code 18301-1337

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 ▼ 312.00

Date of Receipt 12 / 22 / 2023

Transaction ID : **A200E2122248B46C3904**

Amount of Each Receipt this Period 120.00

Memo Item

PAYROLL DEDUCTION: \$12.00/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 FAIRFIELD State OH Zip Code 45014-4469

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 ▼ 500.24

Date of Receipt 12 / 22 / 2023

Transaction ID : **A1F9CFA2CDFFF4E5FB03**

Amount of Each Receipt this Period 250.12

Memo Item

PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional)..... ▶ 630.12

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 OF 24
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. KELLEY, MARK, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5619 N ELM ST
 City SPOKANE State WA Zip Code 99205-6853
 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 ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : AB1DD61690B6B41AA816
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

B. KIELB, FRANK, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 W 4TH ST
 City OSWEGO State NY Zip Code 13126-1525
 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 ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : A5F23CAE620AF42C6830
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

C. LAW, MELISSA, KAYE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 382 OLD DAM LN
 City GREENUP State KY Zip Code 41144-8024
 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 ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : ADBFF6F54DA764E84A98
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	23.10
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 14 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

A. 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 ▼ 500.24

Date of Receipt 12 / 22 / 2023
Transaction ID : A7928185AB12740AC974
 Amount of Each Receipt this Period 250.12
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

B. MATHES, JENNIFER, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2346 EPIE COVE LN
 City KNOXVILLE State TN Zip Code 37931-4021
 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 ▼ 300.04

Date of Receipt 12 / 22 / 2023
Transaction ID : AD595EEAA2F934BB5AFC
 Amount of Each Receipt this Period 103.86
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

C. 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 ▼ 500.24

Date of Receipt 12 / 22 / 2023
Transaction ID : AAC277FA992F349168D4
 Amount of Each Receipt this Period 250.12
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	604.10
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 OF 24
	<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. 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) VP, MANAGED CARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 22 / 2023
Transaction ID : ADBFCECD5A2684B79B4E
 Amount of Each Receipt this Period 260.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

B. MCKENZIE, MICHAEL, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3991 E VILLA WAY
 City SPRINGFIELD State MO Zip Code 65809-4616
 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 ▼ 500.50

Date of Receipt 12 / 22 / 2023
Transaction ID : A9BE06BB8CB3A4C73864
 Amount of Each Receipt this Period 250.25
 Memo Item
 PAYROLL DEDUCTION: \$19.25/BI-WEEKLY

C. 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 ▼ 500.24

Date of Receipt 12 / 22 / 2023
Transaction ID : AAF67A78DB2224D63A7B
 Amount of Each Receipt this Period 250.12
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	760.37
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 16 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

A. MOORE, JONI, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20414 N FELSPAR RD
 City DEER PARK State WA Zip Code 99006-9761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, RBCO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : A242C9A73A8624D779CB
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

B. MOORE, MONICA, JOY, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 606 WINDY MEADOWS LN
 City FRANKFORD State WV Zip Code 24938-7210
 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 ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : A4B20A78844C546EFB9D
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

C. 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 ▼ 500.24

Date of Receipt 12 / 22 / 2023
Transaction ID : A2867395977E14377842
 Amount of Each Receipt this Period 250.12
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	265.52
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 OF 24
	<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. 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 ▼ 650.00

Date of Receipt 12 / 22 / 2023
Transaction ID : AC19B75368945408EA6F
 Amount of Each Receipt this Period 325.00
 Memo Item
 PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

B. 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 ▼ 520.00

Date of Receipt 12 / 22 / 2023
Transaction ID : AFE467FE026F44FE693B
 Amount of Each Receipt this Period 260.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

C. 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 ▼ 650.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A8C9BAE17169142CA87A
 Amount of Each Receipt this Period 325.00
 Memo Item
 PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....▶	910.00
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 18 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. PERRY, KELLIE, ROSSER, ,

Mailing Address **65 ROSSER RD**

City COVINGTON	State GA	Zip Code 30016-4178
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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 ▼
500.24

Date of Receipt
12 / 22 / 2023

Transaction ID : A65144F540C644CBEA7C

Amount of Each Receipt this Period
250.12

Memo Item
PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PETERSON, SHELLI, M, ,

Mailing Address **PO BOX 238**

City OTIS ORCHARDS	State WA	Zip Code 99027-0238
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LINCARE	Occupation (for Individual) MANAGER, REGIONAL REIMBURSMI
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.04

Date of Receipt
12 / 22 / 2023

Transaction ID : ABF9B00B515B349C6978

Amount of Each Receipt this Period
103.86

Memo Item
PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. POWELL, CARLA, PATRICE, ,

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 ▼
500.24

Date of Receipt
12 / 22 / 2023

Transaction ID : A30BE033E50E5405EBCA

Amount of Each Receipt this Period
250.12

Memo Item
PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	604.10
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:	PAGE 19 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ROBERTS, RHETT, GOLDEN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2345 DEER POINTE DR
 City CLARKSTON State WA Zip Code 99403-5001
 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 ▼ 300.04

Date of Receipt 12 / 22 / 2023
Transaction ID : A7E1334A9E6054752A7A
 Amount of Each Receipt this Period 103.86
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

B. 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 ▼ 500.24

Date of Receipt 12 / 22 / 2023
Transaction ID : A1F890C6889F44DF0B7D
 Amount of Each Receipt this Period 250.12
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

C. SCHULENBERG, DOROTHY, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3921 NE 79TH TER
 City KANSAS CITY State MO Zip Code 64119-4318
 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 ▼ 300.04

Date of Receipt 12 / 22 / 2023
Transaction ID : A86A0115C2C3041309B2
 Amount of Each Receipt this Period 103.86
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	457.84
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 20 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

A. 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 ▼ 500.24

Date of Receipt 12 / 22 / 2023
Transaction ID : AFB4086E123DC45FDB88
 Amount of Each Receipt this Period 250.12
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

B. SOLDANO, KENDALE, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10840 RAIN LILLY PASS
 City LAND O LAKES State FL Zip Code 34638-6926
 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 ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : AEDFEE9552CD04856BD7
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

C. 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 ▼ 500.24

Date of Receipt 12 / 22 / 2023
Transaction ID : A96B1925310354A0CBF8
 Amount of Each Receipt this Period 250.12
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	507.94
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 21 OF 24
	<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"/>	<input type="checkbox"/> 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
SYRBE, ROBERT, PAUL, ,

Mailing Address 1517 WONDER DR

City CHAPIN	State SC	Zip Code 29036-8533
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LINCARE	Occupation (for Individual) MANAGER, SALES
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2023

Transaction ID : A3EDFE1B81E86491AAFA

Amount of Each Receipt this Period
92.32

Memo Item
PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
THOMPSON, STACY, LEIGH, ,

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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2023

Transaction ID : A8E78EB0E40AD4CA917

Amount of Each Receipt this Period
650.00

Memo Item
PAYROLL DEDUCTION: \$50.00/BI-WEEKLY

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

Mailing Address 1906 HAVEN BND

City TAMPA	State FL	Zip Code 33613-1107
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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 ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2023

Transaction ID : AFE9E1552C32549D5BFE

Amount of Each Receipt this Period
260.00

Memo Item
PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	1002.32
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 22 OF 24
	<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. TURMAN, JAMES, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18515 COUNTY ROAD 139
 City FLINT State TX Zip Code 75762-9103
 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 ▼ 300.04

Date of Receipt 12 / 22 / 2023
Transaction ID : AE6989828638440EEA48
 Amount of Each Receipt this Period 103.86
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

B. WHITE, MAUREEN, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 TAMPA DR
 City BUFFALO State NY Zip Code 14220-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, RBCO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : A5F1EA173F5BA46F2859
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

C. WILLIAMS, ROBYN, RENA, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3261 SW AIRPORT RD
 City CACHE State OK Zip Code 73527-3737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, REGIONAL REIMBURSME
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt 12 / 22 / 2023
Transaction ID : A10B7A37A5EEC44ED8F8
 Amount of Each Receipt this Period 7.70
 Memo Item
 PAYROLL DEDUCTION: \$7.70/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....▶	119.26
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 23 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

A. 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 REIMBURSME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.24

Date of Receipt 12 / 22 / 2023
Transaction ID : A4021485FD2F34777B39
 Amount of Each Receipt this Period 250.12
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

B. 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 ▼ 520.00

Date of Receipt 12 / 22 / 2023
Transaction ID : AFA1816607266496ABBF
 Amount of Each Receipt this Period 260.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

C. WOJCIAK, DAVID, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 1040.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A4051325A941949F881C
 Amount of Each Receipt this Period 520.00
 Memo Item
 PAYROLL DEDUCTION: \$40.00/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	1030.12
TOTAL This Period (last page this line number only).....	8853.51

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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

Form A: MARSHA FOR SENATE. Includes fields for Full Name, Mailing Address (410 1ST ST. SE, 2ND FL.), City (WASHINGTON), State (DC), Zip Code (20003-1867), Purpose of Disbursement (CONTRIBUTION TO COMMITTEE), Candidate Name (BLACKBURN, MARSHA, . . .), Office Sought (Senate), Disbursement For (2024), and Amount of Each Disbursement (1500.00).

Form B: PALLONE FOR CONGRESS. Includes fields for Full Name, Mailing Address (PO BOX 3176), City (LONG BRANCH), State (NJ), Zip Code (07740-3176), Purpose of Disbursement (CONTRIBUTION TO COMMITTEE), Candidate Name (PALLONE, FRANK, . . ., JR), Office Sought (House), Disbursement For (2024), and Amount of Each Disbursement (1000.00).

Form C: THE HAWKEYE PAC. Includes fields for Full Name, Mailing Address (C/O 1020 NORTH FAIRFAX ST. SUITE 100), City (ALEXANDRIA), State (VA), Zip Code (22314), Purpose of Disbursement (CONTRIBUTION TO STATE COMMITTEE), Candidate Name (THE HAWKEYE PAC), Office Sought (Other), Disbursement For (2023), and Amount of Each Disbursement (1000.00).

Summary table with 2 columns: Description and Amount. Rows include SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only), both totaling 3500.00.