

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.
LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 / / through / /

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 / /

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.....	117238.62	
(c) Total Receipts (from Line 19)	6883.27	20255.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	124121.89	141121.89
7. Total Disbursements (from Line 31).....	2500.00	19500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	121621.89	121621.89
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:

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).....	5036.07	7850.06
(ii) Unitemized	1847.20	12405.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6883.27	20255.38
(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)	6883.27	20255.38
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)).....▶	6883.27	20255.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6883.27	20255.38

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.....	2500.00	19500.00
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)) ..	2500.00	19500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	19500.00

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)	6883.27	20255.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6883.27	20255.38
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 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : AB35FC69CB0964710BCE
 Amount of Each Receipt this Period 134.68
 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 ▼ 500.00

Date of Receipt 09 / 30 / 2022
Transaction ID : AFAA4263B38044F4E9E8
 Amount of Each Receipt this Period 175.00
 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 ▼ 230.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A85007E8C4E09416BAC7
 Amount of Each Receipt this Period 34.62
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	344.30
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
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 ▼ 230.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A6CAE5AD4E4D240F8B90
 Amount of Each Receipt this Period 34.62
 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 ▼ 600.00

Date of Receipt 09 / 30 / 2022
Transaction ID : A51DCAE970B7246C49C2
 Amount of Each Receipt this Period 210.00
 Memo Item
 PAYROLL DEDUCTION: \$30.00/BI-WEEKLY

C. 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 ▼ 400.00

Date of Receipt 09 / 30 / 2022
Transaction ID : A91780875BDAE42D49AC
 Amount of Each Receipt this Period 140.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	384.62
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. 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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A0E6786E00100474B9C9
 Amount of Each Receipt this Period 134.68
 Memo Item
 PAYROLL DEDUCTION: \$19.24/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 ▼ 230.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A393BDBE10D1B429FADE
 Amount of Each Receipt this Period 34.62
 Memo Item
 PAYROLL DEDUCTION: \$11.54/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 ▼ 400.00

Date of Receipt 09 / 30 / 2022
Transaction ID : ABD9E43CAF78542D08DC
 Amount of Each Receipt this Period 140.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	309.30
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JONES, BRIAN, EDMUND, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 240.00

Date of Receipt 09 / 30 / 2022
Transaction ID : A79A6955514F74D2599D
 Amount of Each Receipt this Period 48.00
 Memo Item
 PAYROLL DEDUCTION: \$12.00/BI-WEEKLY

B. 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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : AEA88815AC5EF4DC484A
 Amount of Each Receipt this Period 134.68
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

C. LARCHE, TRACY, MARIE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5513 61ST LN E
 City BRADENTON State FL Zip Code 34203-9759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) HEAD OF TRAINING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A5A71F27DCF0D48069CA
 Amount of Each Receipt this Period 34.62
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	217.30
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 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 ▼ 269.36

Date of Receipt 09 / 02 / 2022
Transaction ID : A9D3543B293AF4A9F9C3
 Amount of Each Receipt this Period 19.24
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

B. 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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A659E8D13E34D43BE8B7
 Amount of Each Receipt this Period 134.68
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

C. 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 ▼ 230.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A0EC97E2979BD4C03991
 Amount of Each Receipt this Period 34.62
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	188.54
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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : ABCF3E8234D11468FA2C
 Amount of Each Receipt this Period 134.68
 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 ▼ 400.00

Date of Receipt 09 / 30 / 2022
Transaction ID : A6E100887D6A546DCA47
 Amount of Each Receipt this Period 140.00
 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 ▼ 385.00

Date of Receipt 09 / 30 / 2022
Transaction ID : A0617B4E78E554709A17
 Amount of Each Receipt this Period 134.75
 Memo Item
 PAYROLL DEDUCTION: \$19.25/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	409.43
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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A3FF44EDA8C7B473B945
 Amount of Each Receipt this Period 134.68
 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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A19A66E45D06A4F81B42
 Amount of Each Receipt this Period 134.68
 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 ▼ 500.00

Date of Receipt 09 / 30 / 2022
Transaction ID : A378C9B3544C14E7AAE7
 Amount of Each Receipt this Period 175.00
 Memo Item
 PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	444.36
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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. 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 ▼ 400.00

Date of Receipt 09 / 30 / 2022
Transaction ID : AC5CC874FEDEE4C68B16
 Amount of Each Receipt this Period 140.00
 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 ▼ 500.00

Date of Receipt 09 / 30 / 2022
Transaction ID : AC173D98C2C4C4D8C828
 Amount of Each Receipt this Period 175.00
 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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A4231CAA289D349D6A3F
 Amount of Each Receipt this Period 134.68
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	449.68
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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. PETERSON, SHELLI, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 238
 City OTIS ORCHARDS State WA Zip Code 99027-0238
 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 ▼ 230.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A4D845D0451614A1297F
 Amount of Each Receipt this Period 34.62
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

B. 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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A9548B79A5CCE4E1B8C9
 Amount of Each Receipt this Period 134.68
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

C. POWERS, RENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1664 KENYON RD
 City ONTARIO State NY Zip Code 14519-8868
 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 ▼ 240.00

Date of Receipt 09 / 30 / 2022
Transaction ID : ACFC98719374C469EB41
 Amount of Each Receipt this Period 48.00
 Memo Item
 PAYROLL DEDUCTION: \$12.00/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	217.30
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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. 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 ▼ 340.00

Date of Receipt 09 / 02 / 2022
Transaction ID : A7CFBEDE237864EE99B5
 Amount of Each Receipt this Period 80.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

B. 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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : AD66D839865AE4532A8F
 Amount of Each Receipt this Period 134.68
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

C. 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 ▼ 230.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A47937364239F4759B11
 Amount of Each Receipt this Period 34.62
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	249.30
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 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A36BAAB7A4B0A45358F0
 Amount of Each Receipt this Period 134.68
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

B. 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 ▼ 230.80

Date of Receipt 09 / 30 / 2022
Transaction ID : AA88139224D7A4533BCB
 Amount of Each Receipt this Period 34.62
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

C. 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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A61BF9255FF9848AEB62
 Amount of Each Receipt this Period 134.68
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	303.98
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 17 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : AC45DEB1D872740189FE
 Amount of Each Receipt this Period 134.68
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

B. 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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : ACB9868C8E6364EFFB9E
 Amount of Each Receipt this Period 134.68
 Memo Item
 PAYROLL DEDUCTION: \$19.24/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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : A8896C6C0332D4772BD6
 Amount of Each Receipt this Period 134.68
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	404.04
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 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SYRBE, ROBERT, PAUL, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 TRAFALGAR CT
 City COLUMBIA State SC Zip Code 29209-1947
 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 ▼ 230.80

Date of Receipt 09 / 30 / 2022
Transaction ID : AD1AE0A84697848E9937
 Amount of Each Receipt this Period 34.62
 Memo Item
 PAYROLL DEDUCTION: \$11.54/BI-WEEKLY

B. 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 ▼ 1000.00

Date of Receipt 09 / 30 / 2022
Transaction ID : A1E0CF88F7FFF488B81B
 Amount of Each Receipt this Period 350.00
 Memo Item
 PAYROLL DEDUCTION: \$50.00/BI-WEEKLY

C. 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 ▼ 400.00

Date of Receipt 09 / 30 / 2022
Transaction ID : AC8637DBCF84147C0A49
 Amount of Each Receipt this Period 140.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	524.62
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 19 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. TURMAN, JAMES, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11654 FM 2868
 City FLINT State TX Zip Code 75762-9491
 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 ▼ 230.80

Date of Receipt 09 / 30 / 2022
Transaction ID : AF504251CBBE8486BBE3
 Amount of Each Receipt this Period 34.62
 Memo Item
 PAYROLL DEDUCTION: \$11.54/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 ▼ 384.80

Date of Receipt 09 / 30 / 2022
Transaction ID : AF22C2C7308C14431A26
 Amount of Each Receipt this Period 134.68
 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 ▼ 400.00

Date of Receipt 09 / 30 / 2022
Transaction ID : A6EFB1669A18F4A5A934
 Amount of Each Receipt this Period 140.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	309.30
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 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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 ▼
800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2022

Transaction ID : A48DA42D126084C2AA60

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

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

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	280.00
TOTAL This Period (last page this line number only).....	5036.07

**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

Full Name (Last, First, Middle Initial) A. PALLONE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 13 / 2022
Mailing Address PO BOX 3176		FEC Identification Number C C00226928 Transaction ID : BE14F1F997 Amount of Each Disbursement this Period 2500.00
City LONG BRANCH	State NJ	
Zip Code 07740-3176		Memo Item <input type="checkbox"/>
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		
Candidate Name PALLONE, FRANK, , , JR		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 06	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00