

**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="2023"/>		<input type="text" value="126193.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="126193.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11634.55"/>	<input type="text" value="11634.55"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="137828.46"/>	<input type="text" value="137828.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13000.00"/>	<input type="text" value="13000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="124828.46"/>	<input type="text" value="124828.46"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	2523.11	2523.11
(ii) Unitemized	9111.44	9111.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11634.55	11634.55
(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)	11634.55	11634.55
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)).....▶	11634.55	11634.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11634.55	11634.55

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.....	13000.00	13000.00
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)) ..	13000.00	13000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	13000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	11634.55	11634.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11634.55	11634.55
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:	PAGE 6 OF 18
	(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

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

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

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

Date of Receipt 06 / 23 / 2023
Transaction ID : AC2EBD27745BA411E9CA
 Amount of Each Receipt this Period 57.72
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

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

Date of Receipt 06 / 23 / 2023
Transaction ID : ABC71190ED9F543038D5
 Amount of Each Receipt this Period 125.00
 Memo Item
 PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

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

Date of Receipt 06 / 23 / 2023
Transaction ID : A3B6CA51841BE4174B53
 Amount of Each Receipt this Period 210.00
 Memo Item
 PAYROLL DEDUCTION: \$30.00/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	392.72
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 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GANGETI, 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 ▼ 260.00

Date of Receipt 06 / 23 / 2023
Transaction ID : AB5FC9B68573A493BA96
 Amount of Each Receipt this Period 60.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

B. GARNER, WILLIAM, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 W 58TH ST
 City CASPER State WY Zip Code 82601-6508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, DIVISION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 23 / 2023
Transaction ID : AEB4DF9F7AFF944EC845
 Amount of Each Receipt this Period 57.72
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

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

Date of Receipt 06 / 23 / 2023
Transaction ID : AE9B092DA53144442B40
 Amount of Each Receipt this Period 60.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	177.72
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 8 OF 18
	(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. JONES, JODI, BETH, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6371 ENGLISH CREEK DR
 City LAKELAND State FL Zip Code 33811-1876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) DIRECTOR, NATIONAL MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2023
Transaction ID : A8C3F33023FF8469DAEE
 Amount of Each Receipt this Period 57.72
 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2023
Transaction ID : A3F2E7B926E134007A63
 Amount of Each Receipt this Period 57.72
 Memo Item
 PAYROLL DEDUCTION: \$19.24/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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2023
Transaction ID : A329DE9ADAB9F43A19BD
 Amount of Each Receipt this Period 57.72
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	173.16
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 9 OF 18
	(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. MCGONAGILL, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1825 SUTHERLAND DR W
 City PALM HARBOR State FL Zip Code 34683-3452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) NATIONAL DIRECTOR, MGNED CAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2023
Transaction ID : A05EAD554755E428FA8C
 Amount of Each Receipt this Period 60.00
 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 6221 S BLUFF RIDGE RD
 City OZARK State MO Zip Code 65721-6673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) DIRECTOR, HOSPITAL RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 23 / 2023
Transaction ID : A6B75BA56F4B54B65925
 Amount of Each Receipt this Period 57.75
 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 ▼ 250.12

Date of Receipt 06 / 23 / 2023
Transaction ID : AD1C7EA95273D4B2880C
 Amount of Each Receipt this Period 57.72
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	175.47
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 10 OF 18
	(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"/> 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. MOREAU, SANDRA, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16226 MUIRFIELD DR
 City ODESSA State FL Zip Code 33556-5431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, NHC SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 23 / 2023
Transaction ID : A0004B86D8D034ADCA63
 Amount of Each Receipt this Period 57.72
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

B. NEWBECK, PATRICK, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6105 ROYAL BIRKDALE DR
 City LAKE WORTH State FL Zip Code 33463-6525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, AREA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 23 / 2023
Transaction ID : AE3AEE1D0E1E04D18815
 Amount of Each Receipt this Period 125.00
 Memo Item
 PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

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

Date of Receipt 06 / 23 / 2023
Transaction ID : A67C0664E2B6441F2ADB
 Amount of Each Receipt this Period 60.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	242.72
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 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 23 / 2023
Transaction ID : A4CB2C50EC4F643FBAA3
 Amount of Each Receipt this Period 125.00
 Memo Item
 PAYROLL DEDUCTION: \$25.00/BI-WEEKLY

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

Date of Receipt 06 / 23 / 2023
Transaction ID : ABCB3E1A152BA452583C
 Amount of Each Receipt this Period 57.72
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

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

Date of Receipt 06 / 23 / 2023
Transaction ID : AD730016F1DF74903A45
 Amount of Each Receipt this Period 57.72
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	240.44
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 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 06 / 23 / 2023
Transaction ID : AE28384D0478E47F7846
 Amount of Each Receipt this Period 57.72
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

B. SCOTT, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1490 SKYLINE DR
 City HERMITAGE State PA Zip Code 16148-6742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, AREA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 23 / 2023
Transaction ID : AB625BBEB013A4128B64
 Amount of Each Receipt this Period 57.72
 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 ▼ 250.12

Date of Receipt 06 / 23 / 2023
Transaction ID : A2B4132879F8C421C813
 Amount of Each Receipt this Period 57.72
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....	173.16
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 13 OF 18
	(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. THOMPSON, STACY, LEIGH, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 817 ENGLEWOOD ST
 City LANSING State KS Zip Code 66043-1428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) CHIEF REIMBURSEMENT OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 23 / 2023
Transaction ID : AAA888CAF0C974F03B95
 Amount of Each Receipt this Period 450.00
 Memo Item
 PAYROLL DEDUCTION: \$50.00/BI-WEEKLY

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

Date of Receipt 06 / 23 / 2023
Transaction ID : A1D93DECF60E64D31A98
 Amount of Each Receipt this Period 60.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

C. 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 ▼ 250.12

Date of Receipt 06 / 23 / 2023
Transaction ID : AE82A4A873EE34DBFA7E
 Amount of Each Receipt this Period 57.72
 Memo Item
 PAYROLL DEDUCTION: \$19.24/BI-WEEKLY

SUBTOTAL of Receipts This Page (optional).....▶	567.72
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 18
	<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. WILSON, TAMMY, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 PINECREST DR
 City ROCK HILL State SC Zip Code 29732-8061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LINCARE Occupation (for Individual) MANAGER, AREA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2023
Transaction ID : AA9B19A8318814128AFA
 Amount of Each Receipt this Period 60.00
 Memo Item
 PAYROLL DEDUCTION: \$20.00/BI-WEEKLY

B. 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2023
Transaction ID : A22717701B5104B8790D
 Amount of Each Receipt this Period 320.00
 Memo Item
 PAYROLL DEDUCTION: \$40.00/BI-WEEKLY

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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.00
TOTAL This Period (last page this line number only).....	2523.11

**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. BOB CASEY FOR SENATE INC		Date of Disbursement MM / DD / YYYY 06 / 20 / 2023
Mailing Address PO BOX 58746		FEC Identification Number C C00431056 Transaction ID : B61D1758524
City PHILADELPHIA	State PA	Zip Code 19102-8746
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		Amount of Each Disbursement this Period 1000.00
Candidate Name CASEY, ROBERT, P, , JR		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District:	

Full Name (Last, First, Middle Initial) B. CRAPO VICTORY COMMITTEE		Date of Disbursement MM / DD / YYYY 03 / 16 / 2023
Mailing Address 5263 POCOSIN LANE C/O BARRACKS ROW STRATEGIES		FEC Identification Number C C00649574 Transaction ID : B891DF2299C
City ALEXANDRIA	State VA	Zip Code 22304-8675
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		Amount of Each Disbursement this Period 2500.00
Candidate Name CRAPO VICTORY COMMITTEE		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2023 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS COMMITTEE		Date of Disbursement MM / DD / YYYY 01 / 04 / 2023
Mailing Address 5827 COLFAX AVENUE		FEC Identification Number C C00181461 Transaction ID : B6FB377891
City ALEXANDRIA	State VA	Zip Code 22311-1013
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		Amount of Each Disbursement this Period 1000.00
Candidate Name GUTHRIE, DAVID, E, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 45	

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

4500.00

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

**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. GUTHRIE FOR CONGRESS COMMITTEE		Date of Disbursement MM / DD / YYYY 05 / 02 / 2023
Mailing Address 5827 COLFAX AVENUE		FEC Identification Number C C00181461 Transaction ID : BD1C8AE159
City ALEXANDRIA	State VA	Zip Code 22311-1013
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		Amount of Each Disbursement this Period 1000.00
Candidate Name GUTHRIE, DAVID, E, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 45	

Full Name (Last, First, Middle Initial) B. LAHOOD FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 03 / 2023
Mailing Address 5827 COLFAX AVENUE		FEC Identification Number C C00575050 Transaction ID : B4E59D1844f
City ALEXANDRIA	State VA	Zip Code 22311-1013
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		Amount of Each Disbursement this Period 1000.00
Candidate Name LAHOOD, DARIN, MCKAY, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: IL	District: 16	

Full Name (Last, First, Middle Initial) C. MEUSER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 03 / 2023
Mailing Address 8616 BUCKBOARD DRIVE C/O THE THEODORE CO.		FEC Identification Number C C00439448 Transaction ID : BDF22AAA6I
City ALEXANDRIA	State VA	Zip Code 22308-2215
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		Amount of Each Disbursement this Period 1000.00
Candidate Name MEUSER, DANIEL, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 09	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. MICHAEL BURGESS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 40323

M M M	/	D D D	/	Y Y Y Y Y
03		03		2023

City
WASHINGTON

State
DC

Zip Code
20016-0323

FEC Identification Number

Purpose of Disbursement
CONTRIBUTION TO COMMITTEE

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

Candidate Name

BURGESS, MICHAEL, C, ,

Category/
Type

Transaction ID : B2ED582CC5

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

1000.00

State: TX District: 26

Memo Item

B. PAUL TONKO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 911 CENTRAL AVENUE
221

M M M	/	D D D	/	Y Y Y Y Y
05		03		2023

City
ALBANY

State
NY

Zip Code
12206-1350

FEC Identification Number

Purpose of Disbursement
CONTRIBUTION TO COMMITTEE

C	C00450049
---	-----------

Candidate Name

TONKO, PAUL, DAVID, ,

Category/
Type

Transaction ID : B527FBD8A6

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

1000.00

State: NY District: 20

Memo Item

C. SINEMA FOR ARIZONA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 7586

M M M	/	D D D	/	Y Y Y Y Y
01		11		2023

City
PHOENIX

State
AZ

Zip Code
85011-7586

FEC Identification Number

Purpose of Disbursement
CONTRIBUTION TO COMMITTEE

C	C00508804
---	-----------

Candidate Name

SINEMA, KYRSTEN, , ,

Category/
Type

Transaction ID : B7E5E3748C

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

2500.00

State: AZ District:

Memo Item

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

4500.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. WENSTRUP FOR CONGRESS

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY
01 / 20 / 2023

Mailing Address 2308 MT. VERNON AVE., #707

City ALEXANDRIA State VA Zip Code 22301-1328

Purpose of Disbursement CONTRIBUTION TO COMMITTEE

Candidate Name WENSTRUP, BRAD, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: OH District: 02

FEC Identification Number: C00497818
Transaction ID : B83E6F1819E
Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	13000.00