

# 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  /  /  2018 through  /  /  2018

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  /  /  2018

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="2018"/>	<input type="text" value="18062.86"/>	<input type="text" value="18062.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24015.02"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7832.06"/>	<input type="text" value="16299.22"/>
(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="31847.08"/>	<input type="text" value="34362.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1015.00"/>	<input type="text" value="3530.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="30832.08"/>	<input type="text" value="30832.08"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	1864.28	2304.28
(ii) Unitemized .....	5967.78	13982.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7832.06	16287.22
(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) .....	7832.06	16287.22
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	12.00
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)).....▶	7832.06	16299.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7832.06	16299.22

**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 .....	15.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	3000.00
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	500.00
(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	500.00
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)) ..	1015.00	3530.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1015.00	3530.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7832.06	16287.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7832.06	15787.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	12.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15.00	18.00

**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 34
<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
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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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2018

**Transaction ID : AAA41016BE6F843C6983**

Amount of Each Receipt this Period  
19.24

Memo Item

**B. 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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2018

**Transaction ID : A7E139A6E205E494194B**

Amount of Each Receipt this Period  
19.24

Memo Item

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

Mailing Address 772 Tanager Dr

City State College	State PA	Zip Code 16803-2502
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lincare	Occupation (for Individual) Manager, Div Reimbursment
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2018

**Transaction ID : AE59BBA5288484DE7BA7**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.48
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<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. Burbach, Michael, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 772 Tanager Dr  
 City State College State PA Zip Code 16803-2502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Div Reimbursement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A0791C2008D924B27B9D**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Butkevitch, Peter, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 725  
 City Gloversville State NY Zip Code 12078-0007  
 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 ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A7FDBD6C7A465409CA1A**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Butkevitch, Peter, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 725  
 City Gloversville State NY Zip Code 12078-0007  
 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : AE5B5C39077464283AE2**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.48
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
	<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. Cattron, Mark, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 529 Carley Ave  
 City Sharon State PA Zip Code 16146-3723  
 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 ▼ 211.64

Date of Receipt **06 / 01 / 2018**  
**Transaction ID : AD2A6E88E4E684E90A2C**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Cattron, Mark, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 529 Carley Ave  
 City Sharon State PA Zip Code 16146-3723  
 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 ▼ 230.88

Date of Receipt **06 / 15 / 2018**  
**Transaction ID : A8DDFEC56E6AF4563839**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Crisp, Donald, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2047 Carolina Ave NE  
 City St Petersburg State FL Zip Code 33703-3411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lincare Occupation (for Individual) Head of Tax North America  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt **06 / 01 / 2018**  
**Transaction ID : A5B0BAF0FFA624B3AA58**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<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. Crisp, Donald, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2047 Carolina Ave NE  
 City St Petersburg State FL Zip Code 33703-3411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lincare Occupation (for Individual) Head of Tax North America  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A323DCAFBBBD5488E88C**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. 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 ▼ 211.64

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A25391E7DA5AC4AF7977**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**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, Area  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A556CE3318E0B4C219BF**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.72  
**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 10 OF 34
	<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. Garner, William, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 750 W 58th St  
 City Casper State WY Zip Code 82601-6508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A6551B66F7A774131BDB**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Goldberg, Albert, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1202 Valley Rd  
 City Fruitland Park State FL Zip Code 34731-3416  
 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 ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : ACBDAF3644A014150885**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Goldberg, Albert, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1202 Valley Rd  
 City Fruitland Park State FL Zip Code 34731-3416  
 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : ACB5FCA4D1E23427BABD**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.72  
**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 34
	<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. Hagner, Glenda, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3453  
 City Camdenton State MO Zip Code 65020-3453  
 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 ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A411593A0B7B844EAB47**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Hagner, Glenda, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3453  
 City Camdenton State MO Zip Code 65020-3453  
 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A337720D99E4848B5B**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Heaney, William, Raymond, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2250 Sidney Ave Apt A8  
 City Port Orchard State WA Zip Code 98366-1903  
 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 ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : AB460F405BCC145CEAED**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
	<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. Heaney, William, Raymond, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2250 Sidney Ave  
 Apt A8  
 City Port Orchard State WA Zip Code 98366-1903  
 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A9D2418BB51DC41D7B74**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Jarvis, Dawn, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8499 14th St N  
 City St Petersburg State FL Zip Code 33702-7956  
 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 ▼ 220.00

Date of Receipt 06 / 01 / 2018  
**Transaction ID : AE904DD588F364700AA3**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Jarvis, Dawn, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8499 14th St N  
 City St Petersburg State FL Zip Code 33702-7956  
 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 ▼ 240.00

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A8C963A9D3EA54FC7B3A**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	59.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 34
<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. Jones, Jodi, Beth, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 137 Da Vinci Dr  
 City Nokomis State FL Zip Code 34275-4222  
 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 ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : ABD65ECBD66384522BEB**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Jones, Jodi, Beth, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 137 Da Vinci Dr  
 City Nokomis State FL Zip Code 34275-4222  
 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : AC3D2D1FEAB6A4CD9A5E**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Layton, Darrell, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5220 Shasta Dr  
 City Jonesboro State AR Zip Code 72404-8985  
 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 ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A324DD350FF964AB8B13**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 34
	<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. Layton, Darrell, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5220 Shasta Dr  
 City Jonesboro State AR Zip Code 72404-8985  
 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A8FD0B459826E477A9AA**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Lewis, Hayley, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 64  
 City Salina State UT Zip Code 84654-0064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A441BF37475FE491C825**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A2FA02A0190B740AB81B**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.72  
**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 15 OF 34
<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 ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A579B50F8DAEF482B814**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A95A7AAC11E844991A48**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. 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, MGNEC CAR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A238FF703B15C4B5C9DF**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.48
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 34
	<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. 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 ▼ 240.00

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A1B4AA86331834C0CB1B**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Monroe, Donald, A, , Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4923 Cedarhurst Rd  
 City Toledo State OH Zip Code 43613-3028  
 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 ▼ 225.00

Date of Receipt 05 / 04 / 2018  
**Transaction ID : AAF022199D3054FE59D2**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Monroe, Donald, A, , Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4923 Cedarhurst Rd  
 City Toledo State OH Zip Code 43613-3028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Center  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2018  
**Transaction ID : A9FD5DF9A36E947628DB**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**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 17 OF 34
	<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. Monroe, Donald, A, , Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4923 Cedarhurst Rd  
 City Toledo State OH Zip Code 43613-3028  
 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 ▼ 275.00

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A798D8A6C913841FE9C2**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Monroe, Donald, A, , Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4923 Cedarhurst Rd  
 City Toledo State OH Zip Code 43613-3028  
 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 ▼ 300.00

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A556B8822D92848588AA**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**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 ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A5ECAB63F9EEC4E748EE**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 34
<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. 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 ▼ 230.88

Date of Receipt **06 / 15 / 2018**  
**Transaction ID : AE477C49873064238AC3**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**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, District  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **05 / 04 / 2018**  
**Transaction ID : AD142528C68A24CE8BAE**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**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, District  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 18 / 2018**  
**Transaction ID : A8406562A56C9415B9DF**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
<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. 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, District  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A667EBCE10B524D2A8F6**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**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, District  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2018  
**Transaction ID : ACF3A3914C5544ACBA63**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Payne, Mary, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4215 Alderwood Ln  
 City Charlotte State NC Zip Code 28215-9508  
 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 ▼ 220.00

Date of Receipt 06 / 01 / 2018  
**Transaction ID : ADFC1159C6E104B9C9F2**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**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 20 OF 34
<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. Payne, Mary, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4215 Alderwood Ln  
 City Charlotte State NC Zip Code 28215-9508  
 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 ▼ 240.00

Date of Receipt 06 / 15 / 2018  
**Transaction ID : AA8225088B91B46BDAD0**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**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) Regional VP, Billing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : ACD37139655304E57AF3**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**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) Regional VP, Billing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A5081EBE4738A4A47815**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.48
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 34
	<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. Plank, Mlea, Dawn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5115 Pico Blvd  
 City Amarillo State TX Zip Code 79110-4917  
 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 ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : AE047A55B4B054A8BB55**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Plank, Mlea, Dawn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5115 Pico Blvd  
 City Amarillo State TX Zip Code 79110-4917  
 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : AAAABA6B5F22245E8A88**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Qualls, Andrew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1545 Edenbridge Dr  
 City Windsor State CO Zip Code 80550-2858  
 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 ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A0DDC826CB7B942B3861**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 34
	<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. Qualls, Andrew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1545 Edenbridge Dr  
 City Windsor State CO Zip Code 80550-2858  
 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A59023589931948568F8**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Rager, Mary, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2610 Lynn Ln  
 City Casper State WY Zip Code 82609-2988  
 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 ▼ 220.00

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A4A68D7B0CB9F4EE4BB1**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Rager, Mary, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2610 Lynn Ln  
 City Casper State WY Zip Code 82609-2988  
 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 ▼ 240.00

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A2E01F04374334BFA824**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	59.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 34
	<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. Reyes, Crystal, Nicole, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 N Nevada St  
 City Yerington State NV Zip Code 89447-2326  
 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 ▼ 280.00

Date of Receipt **04 / 06 / 2018**  
**Transaction ID : A3048DDC0C4C44AE8877**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Reyes, Crystal, Nicole, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 N Nevada St  
 City Yerington State NV Zip Code 89447-2326  
 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 ▼ 320.00

Date of Receipt **04 / 20 / 2018**  
**Transaction ID : A8269E82B491E4ECF860**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Reyes, Crystal, Nicole, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 N Nevada St  
 City Yerington State NV Zip Code 89447-2326  
 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 ▼ 360.00

Date of Receipt **05 / 04 / 2018**  
**Transaction ID : A9748CEAABDAA475A9A7**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 34
	<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. Reyes, Crystal, Nicole, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 N Nevada St  
 City Yerington State NV Zip Code 89447-2326  
 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 05 / 18 / 2018  
**Transaction ID : AF7544A59925141BBB99**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Reyes, Crystal, Nicole, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 N Nevada St  
 City Yerington State NV Zip Code 89447-2326  
 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 ▼ 440.00

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A0858E2600D354152A58**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Reyes, Crystal, Nicole, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 N Nevada St  
 City Yerington State NV Zip Code 89447-2326  
 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 ▼ 480.00

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A0E23BA3F7BBB47788DB**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 34
	<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. 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 ▼ 220.00

Date of Receipt 06 / 01 / 2018  
**Transaction ID : AB25E3D79CACA4C258A/**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Reynolds, William, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 909 S B St  
 City Saint Albans State WV Zip Code 25177-2735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A14102921DDE94F96B36**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Ries, Lisa, Jo, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12364 Meadow Bluff Trl  
 City Afton State MN Zip Code 55001-9211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Division  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : ACEF063CC18824A97866**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	59.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 34
<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. 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : AAE5493E8C7614AA5887**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Rosenthal, Daniel, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6700 Freeland Dr  
 City Hazelwood State MO Zip Code 63042-1266  
 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 ▼ 220.00

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A2BE3F410D2E94F29A57**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Rosenthal, Daniel, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6700 Freeland Dr  
 City Hazelwood State MO Zip Code 63042-1266  
 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 06 / 15 / 2018  
**Transaction ID : A46816737DA8F4B7B93F**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	59.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 34
	<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. 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, Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A11B945596D8A498CB94**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. 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, Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A3819D24D65D347408D9**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Soldner, Daniel, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 Tail Feather Ln Apt B  
 City Bozeman State MT Zip Code 59718-8640  
 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 ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : AB2D163F73AFF4E1DBBD**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 34
	<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. Soldner, Daniel, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 Tail Feather Ln  
 Apt B  
 City Bozeman State MT Zip Code 59718-8640  
 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A1915FFBE1B9E4347BB1**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Sweet, Mary, Bridget, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Donnelly Cross Rd  
 City Spencer State MA Zip Code 01562-1501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : AFE7747EBA1624584BE1**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**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, Division  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A01259CE2D1924B92BD9**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.72  
**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 29 OF 34
	<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. 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) VP, National Billing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **04 / 06 / 2018**  
**Transaction ID : A5DD3EAB0AED64DEFBD**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**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) VP, National Billing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **04 / 20 / 2018**  
**Transaction ID : A335ADAA2A7BE45938F3**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Williams, Julie, Renee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 Casey Ln  
 City Georgetown State KY Zip Code 40324-8639  
 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 ▼ 211.64

Date of Receipt **06 / 01 / 2018**  
**Transaction ID : AFF17E53C36B64D208A1**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	219.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 34
	<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. Williams, Julie, Renee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 Casey Ln  
 City Georgetown State KY Zip Code 40324-8639  
 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 ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A676FB50644024709806**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**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 Reimbursement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A2CF59E2270E44692912**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**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 Reimbursement  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 06 / 15 / 2018  
**Transaction ID : A4736F051A7514A5E9D7**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 34
<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. Wilson, Tammy, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1379  
 City West Jefferson State NC Zip Code 28694-1379  
 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 ▼ 220.00

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A2E11E95655F84882816**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Wilson, Tammy, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1379  
 City West Jefferson State NC Zip Code 28694-1379  
 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 06 / 15 / 2018  
**Transaction ID : A2489BF7CA866492990C**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Woods, Russell, Everett, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8471 Highway 51 S  
 City Hernando State MS Zip Code 38632-8645  
 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 ▼ 211.64

Date of Receipt 06 / 01 / 2018  
**Transaction ID : A4FFB84803D6640A9AC5**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	59.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 32 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Woods, Russell, Everett, ,

Mailing Address 8471 Highway 51 S

City Hernando      State MS      Zip Code 38632-8645

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 ▼  
 230.88

Date of Receipt  
 06 / 15 / 2018  
**Transaction ID : AC6A6577DCF6B4CE99BE**

Amount of Each Receipt this Period  
 19.24

Memo Item

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

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	19.24
<b>TOTAL</b> This Period (last page this line number only).....▶	1864.28

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) <b>A. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2018
Mailing Address 1099 New York Ave NW Ste 100		FEC Identification Number C [REDACTED] <b>Transaction ID : B928EBECEC</b> Amount of Each Disbursement this Period 5.00
City Washington	State DC	Zip Code 20001-4452
Purpose of Disbursement Bank Fees		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2018
Mailing Address 1099 New York Ave NW Ste 100		FEC Identification Number C [REDACTED] <b>Transaction ID : B5184862B22</b> Amount of Each Disbursement this Period 5.00
City Washington	State DC	Zip Code 20001-4452
Purpose of Disbursement Bank Fees		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address 1099 New York Ave NW Ste 100		FEC Identification Number C [REDACTED] <b>Transaction ID : B52129E7BB</b> Amount of Each Disbursement this Period 5.00
City Washington	State DC	Zip Code 20001-4452
Purpose of Disbursement Bank Fees		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

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

15.00

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

15.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. HEIDI FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1577

City Bismarck State ND Zip Code 58502-1577

Purpose of Disbursement Contribution to Committee

Candidate Name Heitkamp, Heidi, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: ND District:

Date of Disbursement 05 / 07 / 2018

FEC Identification Number C00505552  
Transaction ID : B45D5CB707  
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:

Date of Disbursement

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:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00