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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND 19387 U.S. 19 NORTH ADDRESS (number and street) (Check if address is changed) Clearwater FL 33764-3102 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cclark13@lincare.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00653477 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Clark, Christopher, Lynn Type or Print Name of Treasurer Clark, Christopher, Lynn [Electronically Filed] 20 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

F	FFC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	1 ago 2
Can	didate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Cand			
Cand Party	idate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	(D ::
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Title or Position Treasurer

_				_
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Write or Type Committee N	ame			
LINCARE HO	LDINGS, INC. EMPI	OYEE ACTI	ON FUND	
6. Name of Any Connecte	ed Organization, Affiliated Committee,	Joint Fundraising Repres	sentative, or Leadersh	nip PAC Sponsor
LINDE NORTH AM	ERICA INC ALLIANCE FOR	GOOD GOVERN	MENT (LINDE I	PAC)
Mailing Address	200 SOMERSET CORPORATE BLV	D 		
	SUITE 7000			
	BRIDGEWATER		NJ 08807-	
	CITY		STATE	ZIP CODE
books and records. Clark, Full Name Mailing Address	Christopher, Lynn, ,			
	Clearwater		FL 33764-31	02
Title or Position	CITY	S	TATE 2	ZIP CODE
Custodian of Records		Telephone numbe	er	538 - 1326
3. Treasurer: List the name any designated agent (e.	e and address (phone number optional) g., assistant treasurer).	of the treasurer of the co	ommittee; and the nan	ne and address of
Full Name Clark, of Treasurer	Christopher, Lynn, ,	1 1 1 1 1 1 1 1 1		
Mailing Address	19387 US Highway 19 N			
	Clearwater	1 1	FL 33764-31	02

CITY

STATE

Telephone number

ZIP CODE

1326

538

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Full Name of Designated Agent Clark,	Christopher, Lynn, ,		
Mailing Address	19387 US Highway 19 N		
	Clearwater	FL 33	3764-3102 ZIP CODE
Title or Position Treasurer	Tele	phone number 727	_ 538 1326
Banks or Other Deposi safety deposit boxes or i Name of Bank, Deposito		e committee deposits funds	s, holds accounts, rents
BB&	iΤ		
Mailing Address	1299 S. Missouri Ave.		
).750
	Clearwater	FL 33	3756
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ory, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

This report is being filed to disclose an affiliated committee.

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected Lincare Holdings	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
Mailing Address	19387 US Highway 19 N		
	Clearwater		33764-3102
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
X Connected		nt Fundraising Represent	Leadership PAC Spons
Designated Agent: Identify Full Name	Organization Affiliated Committee Joi	nt Fundraising Represent	Leadership PAC Spons
Connected Designated Agent: Identify	Organization Affiliated Committee Joi	nt Fundraising Represent	Leadership PAC Spons
Designated Agent: Identify Full Name	Organization Affiliated Committee Joi		Leadership PAC Spons
Designated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee Joi by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Spons
Designated Agent: Identify Full Name	Organization Affiliated Committee Joi by name, address (phone number – optional) CITY		
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail	Organization Affiliated Committee Joi by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito	Organization Affiliated Committee Joi by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank,	Organization Affiliated Committee Joi by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mailing Name of Bank, Depository, etc.	Organization Affiliated Committee Joi by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
	-	Organization, Affiliated Committee, Joint Fundral	sing Representative	e, or Leadership PAC Sponsor
PR L_	RAXAIR, INC. PO	OLITICAL ACTION COMMITTEE		
ı	Mailing Address	10 RIVERVIEW DRIVE		
·	mailing / tadioco	PO BOX 2958		
		DANBURY	CT	06810-
I	Relationship:	CITY A	STATE A	ZIP CODE ▲
		Organization X Affiliated Committee Joint F	undraising Represent	ative Leadership PAC Sponso
Design	nated Agent: Identify	by name, address (phone number - optional)		
	nated Agent: Identify	by name, address (phone number – optional)		
Fu		by name, address (phone number – optional)		
Fu	ıll Name	by name, address (phone number – optional)		
Fu	ıll Name	by name, address (phone number – optional)		
Fu Ma	ıll Name	CITY A	STATE A	ZIP CODE A
Fu Ma	all Name	CITY A	STATE A	ZIP CODE A
Fu Ma	ailing Address	CITY CITY Tele ies: List all banks or other depositories in which the	ephone Number	
Fu Ma	ailing Address TITLE OR POSITION or Other Depositori deposit boxes or main of Bank, sitory, etc.	CITY CITY Tele ies: List all banks or other depositories in which the	ephone Number	