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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3X  | For Other           | Than An Aut                              | horized C                     | ommittee                  |                               |               | Office Us                               | e Only                    |   |
|--|---------------------|--|-------------------------------|---------------------------|-------------------------------|---------------|---|---------------------------|---|
| NAME OF<br>COMMITTEE (in full)   | TYPE OR I           | PRINT ▼                                  | Example over the              | le: If typing<br>e lines. | , type                        | 12FE4N        | 15                                      |                           |   |
| LINCARE HOLDI  | NGS, INC. EI        | MPLOYEE A                                | CTION F                       | UND                       |                               |               |   |                           |   |
|  |                     |  |                               |                           |                               |               |   |                           |   |
| ADDRESS (number and str  | eet) 19387 U.       | S. 19 NORTH                              |                               |                           |                               |               |   |                           |   |
| Check if differenthan previously reported. (ACC)   | t Clearwa           | er                                       |                               |                           |                               | FL            | 33764                                   | -3102                     |   |
| 2. <b>FEC IDENTIFICATIO</b>  | ON NUMBER ▼         | CI7                                      | ГҮ▲                           |                           |                               | STATE A       | :                                       | ZIP COD                   | E 🛦   |
| C C00653477  |                     |  | S THIS<br>REPORT              | X NE                      |                               | A (A          | MENDED                                  |                           |   |
| 4. TYPE OF REPOR (Choose One)  (a) Quarterly Reports  April 15 Quarterly Re July 15 Quarterly Re | Rep Due             | ort On: Mar                              | 20 (M2)<br>20 (M3)<br>20 (M4) | Jur                       | 20 (M5)<br>20 (M6)<br>20 (M7) | Sep<br>Oct    | 20 (M8)<br>20 (M9)<br>20 (M10)<br>(12G) |                           | Nov 20 (M11)<br>Non-Election<br>Year Only)<br>Dec 20 (M12)<br>Non-Election<br>Year Only)<br>Jan 31 (YE) |
| October 15 Quarterly Re January 31 Year-End Re   | port (Q3)           | Report for the:                          |                               | nvention (12              | C) / 03                       | Special 2020  |   | in the<br>State of        | DC  |
| July 31 Mid-<br>Report (Non<br>Year Only) (  | -election<br>MY)    | 30-Day  POST-Election  Report for the:   | Ge                            | neral (30G)               |                               | Runoff        | (30R)                                   | 5                         | Special (30S)   |
| Termination (TER)  | Heport              | Election                                 | on on                         | M - M /                   | D D /                         | Y             |   | in the<br>State of        |   |
| 5. Covering Period   | M M / D 1           |  |                               | through                   | 10                            | 14            | / Y Y 202                               |                           |   |
| I certify that I have exam<br>Type or Print Name of Tr   | Clark, Cl           | nd to the best of<br>nristopher, Lynn, , | my knowled                    | dge and be                | lief it is tru                | e, correct ar | nd complet                              | е.                        |   |
| Signature of Treasurer   | Clark, Christopher  | , Lynn, ,                                | [Eld                          | ectronically F            | <i>[iled]</i> □               | rate 10       | M / 19                                  | D / Y                     | 2020  |
| NOTE: Submission of false  | , erroneous, or inc | omplete informatio                       | n may subje                   | ct the persor             | n signing th                  | is Report to  | the penaltie                            | es of 52 U                | J.S.C. § 30109  |
| Office<br>Use<br>Only  |                     |  |                               |                           |                               |               |   | <b>FORN</b><br>ev. 05/201 |   |

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

#### LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

Report Covering the Period: From: 10 01 2020 To: 10 14 2020

|     |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|--|-------------------------|-----------------------------------|
| 6.  | (a) Cash on Hand January 1, 2020   |                         | 69639.32                          |
|     | (b) Cash on Hand at Beginning of Reporting Period  | 100522.10               |                                   |
|     | (c) Total Receipts (from Line 19)  | 1196.35                 | 36624.13                          |
|     | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)         | 101718.45               | 106263.45                         |
| 7.  | Total Disbursements (from Line 31)   | 1005.00                 | 5550.00                           |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                       | 100713.45               | 100713.45                         |
| 9.  | Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                    |                                   |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)        | 0.00                    |                                   |
| _   |  |                         |                                   |

#### For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

| Re | eport Covering the Period: From:                           | 01 2020 To                    |   |
|----|--|-------------------------------|---|
|    | I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date       |
| 1. | Contributions (other than loans) From:                     |                               |   |
|    | (a) Individuals/Persons Other                              |                               |   |
|    | Than Political Committees                                  | 002.07                        | 2004444                                 |
|    | (i) Itemized (use Schedule A)                              | 963.07                        | 20041.41                                |
|    | (ii) Haitanainad   | 233.28                        | 16582.72                                |
|    | (ii) Unitemized(iii) TOTAL (add                            | 233.20                        | 10002.72                                |
|    | Lines 11(a)(i) and (ii)                                    | 1196.35                       | 36624.13                                |
|    | Ellico TT(a)(i) and (ii)                                   | 49. 49.                       | 45 45 45                                |
|    | (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)▶                                | 1196.35                       | 36624.13                                |
|    | Transfers From Affiliated/Other                            |                               |   |
|    | Party Committees   | 0.00                          | 0.00                                    |
|    |  | 0.00                          | 0.00                                    |
| i. | All Loans Received   | 0.00                          | 0.00                                    |
|    |  | 0.00                          | 0.00                                    |
|    | Loan Repayments Received                                   | 0.00                          | 0.00                                    |
|    | Offsets To Operating Expenditures                          |                               |   |
|    | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00                          | 0.00                                    |
|    | Refunds of Contributions Made                              | 45                            | 4 4                                     |
|    | to Federal Candidates and Other                            |                               |   |
|    | Political Committees                                       | 0.00                          | 0.00                                    |
|    | Other Federal Receipts                                     | 4 4                           | 4 4                                     |
|    | (Dividends, Interest, etc.)                                | 0.00                          | 0.00                                    |
|    | Transfers from Non-Federal and Levin Funds                 | 4 4                           | 4 4                                     |
|    | (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                                    |
| ١. | Total Receipts (add Lines 11(d),                           |                               |   |
|    | 12, 13, 14, 15, 16, 17, and 18(c))▶                        | 1196.35                       | 36624.13                                |
|    | Total Federal Receipts (subtract Line 18(c) from Line 19)▶ | 1196.35                       | 36624.13                                |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| I. Operating Expenditures: —  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)                   |                               | 3                                 |
| (i) Federal Share  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share   | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures   | 5.00                          | 50.00                             |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))  | 5.00                          | 50.00                             |
| Transfers to Affiliated/Other Party Committees   | 0.00                          | 0.00                              |
| Contributions to Federal Candidates/Committees and Other Political Committees                                  | 1000.00                       | 5500.00                           |
| Independent Expenditures (use Schedule E)  | 0.00                          | 0.00                              |
| Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)   | 0.00                          | 0.00                              |
| Loan Repayments Made   | 0.00                          | 0.00                              |
| Loans Made   | 4 4                           | 0.00                              |
| Refunds of Contributions To: (a) Individuals/Persons Other   | 0.00                          | 4 1 4 1 4 1 4                     |
| Than Political Committees  | 0.00                          | 0.00                              |
| (b) Political Party Committees   | 0.00                          | 0.00                              |
| (such as PACs)(d) Total Contribution Refunds   | 0.00                          | 0.00                              |
| (add Lines 28(a), (b), and (c))  | 0.00                          | 0.00                              |
| Other Disbursements (Including Non-Federal Donations)  | 0.00                          | 0.00                              |
| 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(b) Federal Election Activity Paid   | 0.00                          | 0.00                              |
| Entirely With Federal Funds  | 0.00                          | 0.00                              |
| Lines 30(a)(i), 30(a)(ii) and 30(b))   | 0.00                          | 0.00                              |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                             | 1005.00                       | 5550.00                           |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)  | 4 4                           |                                   |
| from Line 31)  | 1005.00                       | 5550.00                           |

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 1196.35 36624.13 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 36624.13 1196.35 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 5.00 50.00 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 5.00 50.00 (subtract Line 37 from Line 36) ......

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

| F  | OR  | LINE    | PAGE | 6   | OF | 25  |    |   |    |  |
|----|-----|---------|------|-----|----|-----|----|---|----|--|
| (0 | che | ck only | or   | ne) |    |     |    |   |    |  |
|    | X   | 11a     |      | 11b |    | 11c | 12 |   |    |  |
|    |     | 13      |      | 14  |    | 15  | 16 | ; | 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Abbott, Brian, D.,, Date of Receipt Mailing Address 18606 Ponciana Ave 2020 City State Zip Code Transaction ID: AA4800D7B7FB0492F9E5 OH Cleveland 44135-3946 Amount of Each Receipt this Period FEC ID number of contributing C 19.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Manager, RHC Services Lincare Payroll Deduction: \$19.24/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 404.04 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Adams, Paula, K, Date of Receipt Mailing Address 2250 Portofino PI 10 2020 Unit 231 City State Zip Code Transaction ID: A478E48E33E354CEEB03 FL Palm Harbor 34683-7752 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lincare Payroll Deduction: \$25.00/Bi-Weekly Head of Employee Relations Receipt For: Aggregate Year-to-Date ▼ Primary General

| Other (specify) ▼  |                 | 425.00                   |                                      |
|--|-----------------|--------------------------|--------------------------------------|
| Full Name of Individual (Last, First, Middle In Baldridge, Richard, Lee, , | Date of Receipt |                          |                                      |
| Mailing Address 36 Quarterpole Ct  |                 |                          | 10 02 / Y Y Y Y Y                    |
| City   | State           | Zip Code                 | Transaction ID: A5959E5F0C1CC40B8BAD |
| Warrenton  | VA              | 20186-3072               | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                 | С               |                          | 19.24                                |
| Name of Employer (for Individual)  | Occup           | pation (for Individual)  | Memo Item                            |
| Lincare  | Mana            | ger, Center              | Payroll Deduction: \$19.24/Bi-Weekly |
| Receipt For: Primary General Other (specify)                               | Aggregate Y     | /ear-to-Date ▼<br>327.08 |                                      |
| IIRTOTAL of Receipts This Page (ontional)                                  |                 |                          | 63.48                                |

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

1 9 1 1 9 1 1 9

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

| ı | FO               | R LINE      | NUMBER | : | PAGE |  | 7  | OF |  | 25 |  |
|---|------------------|-------------|--------|---|------|--|----|----|--|----|--|
|   | (check only one) |             |        |   |      |  |    |    |  |    |  |
|   | >                | <b>1</b> 1a | 11b    |   | 11c  |  | 12 |    |  |    |  |
|   |                  | 13          | 14     |   | 15   |  | 16 |    |  | 17 |  |

| Any information copied from such Reports and S<br>or for commercial purposes, other than using the          |   |  |
|---|---|--|
| NAME OF COMMITTEE (In Full) LINCARE HOLDINGS, INC. EN   | IPLOYEE ACTION FUND   |  |
| Full Name of Individual (Last, First, Middle Ini  Butkevitch, Peter, H, ,  Mailing Address PO Box 725       | tial) or Full Organization Name   | Date of Receipt  |
| City Gloversville   | State   | 10 02 2020 Transaction ID : A457BC7EE810048FA899                                 |
| FEC ID number of contributing federal political committee.  | C   | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)  Lincare  Receipt For:  | Occupation (for Individual)  Manager, Area                                  | Memo Item Payroll Deduction: \$19.24/Bi-Weekly                                   |
| Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 384.80   |  |
| Full Name of Individual (Last, First, Middle Ini Capella, Pamela, M, ,  Mailing Address 3034 Catesville Cir | Date of Receipt   |  |
| City Leland FEC ID number of contributing   | State   | Transaction ID : A4AF404FA2DE4479D899  Amount of Each Receipt this Period        |
| federal political committee.  Name of Employer (for Individual) Lincare                                     | Occupation (for Individual) Manager, Area                                   | Memo Item Payroll Deduction: \$11.54/Bi-Weekly                                   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  242,34  |  |
| Full Name of Individual (Last, First, Middle Ini  | tial) or Full Organization Name   | Date of Receipt  |
| Mailing Address 313 Ohio Ave  City Girard  FEC ID number of contributing federal political committee.       | State Zip Code 44420-3243   | Transaction ID : A993AF17DEF7C4D049AC  Amount of Each Receipt this Period  11.54 |
| Name of Employer (for Individual) Lincare Receipt For: Primary General Other (specify)                      | Occupation (for Individual) Manager, RBCO  Aggregate Year-to-Date ▼  242.34 | Memo Item Payroll Deduction: \$11.54/Bi-Weekly                                   |
| SUBTOTAL of Receipts This Page (optional)   |   | 42.32  |
| TOTAL This Period (last page this line number   | <u> </u>  |  |

C.

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

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

| F                | OR | LINE | : | PAGE |  | 8   | OF | 25 |   |    |
|------------------|----|------|---|------|--|-----|----|----|---|----|
| (check only one) |    |      |   |      |  |     |    |    |   |    |
|                  | X  | 11a  |   | 11b  |  | 11c |    | 12 |   |    |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DeBord, Charissa, Anne,, Date of Receipt Mailing Address 8957 Antigua Dr 2020 City State Zip Code Transaction ID: A8F067D49FDD547C3B0F FL Seminole 33777-2141 Amount of Each Receipt this Period FEC ID number of contributing C 11.54 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Manager, Regional Reimbursment Lincare Payroll Deduction: \$11.54/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 242.34 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DeMello, Lori, B,, Date of Receipt Mailing Address 2912 Hampton Place Ct 10 2020 City State Zip Code Transaction ID: A578C5AB9E4054B328D6 Plant City FL 33566-9321 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lincare Payroll Deduction: \$30.00/Bi-Weekly VP, Regional Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 510.00 Full Name of Individual (Last First Middle Initial) or Full Organization Name

| Dodd, Timothy, Michael, ,                                  | Date of Receipt                    |                        |   |  |  |  |  |
|--|------------------------------------|------------------------|---|--|--|--|--|
| Mailing Address 10800 Brighton Bay Blvd NE Apt 11308       |                                    |                        | 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |  |  |  |  |
| City   | State                              | Zip Code               | Transaction ID : AABCC69D499734382AB        |  |  |  |  |
| Saint Petersburg   | Amount of Each Receipt this Period |                        |   |  |  |  |  |
| FEC ID number of contributing federal political committee. | С                                  |                        | 11.54                                       |  |  |  |  |
| Name of Employer (for Individual)                          | Occupa                             | ation (for Individual) | Memo Item                                   |  |  |  |  |
| Lincare  | Manag                              | er, Vehicle Fleet      | Payroll Deduction: \$11.54/Bi-Weekly        |  |  |  |  |
| Receipt For: Primary General Other (specify)               |                                    |                        |   |  |  |  |  |

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

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

53.08

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

| F  | OR  | LINE    | PAGE | 9   | OF | 25  |    |   |    |  |
|----|-----|---------|------|-----|----|-----|----|---|----|--|
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|    | X   | 11a     |      | 11b |    | 11c | 12 | ! |    |  |
|    |     | 13      |      | 14  |    | 15  | 16 | ; | 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name gangemi, deborah, A,, Date of Receipt Mailing Address 2970 Pleasant Ave 2020 City State Zip Code Transaction ID: A610B9DD2F0794E8AA10 NY Hamburg 14075-3624 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) RVP, National Held Sales Payroll Deduction: \$20.00/Bi-Weekly Lincare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 416.96

|   | '                    | 4               | 4                                 |                                    |                                |  |  |  |
|---|----------------------|-----------------|-----------------------------------|------------------------------------|--------------------------------|--|--|--|
| Full Name of Individual (Las<br>3. Garcia, Andrea, Caro   |                      | or Full Orga    | nization Name                     | Date of Receipt                    |                                |  |  |  |
| Mailing Address 5704 Lake   | Side Dr              |                 |                                   | 10 0                               |                                |  |  |  |
| City  |                      | State           | Zip Code                          | Transaction ID                     | : A50F6034DD0064E77BC5         |  |  |  |
| Bossier City  |                      | LA              | 71111-5508                        |                                    | Receipt this Period            |  |  |  |
| FEC ID number of contribution federal political committee.  | ing                  | С               |                                   |                                    | 10.00                          |  |  |  |
| Name of Employer (for Indiv<br>Lincare  | vidual)              | 1 '             | tion (for Individual)<br>er, Area | Memo Item Payroll Deduction:       | \$10.00/Bi-Weekly              |  |  |  |
| Receipt For:  Primary General |                      | Aggregate Yea   | ar-to-Date ▼<br>210.00            |                                    |                                |  |  |  |
| Full Name of Individual (Las Garner, William, J, ,  Mailing Address 750 W 58th  |                      | Date of Receipt |                                   |                                    |                                |  |  |  |
| City  |                      |                 | : A90E870E719304492914            |                                    |                                |  |  |  |
| Casper  |                      | State<br>WY     | Zip Code<br>82601-6508            | Amount of Each Receipt this Period |                                |  |  |  |
| FEC ID number of contributifederal political committee.   | ing                  | С               |                                   | Amount of Lacif                    | 19.24                          |  |  |  |
| Name of Employer (for Indiv   | vidual)              | Occupat         | tion (for Individual)<br>r, Area  | Memo Item Payroll Deduction:       | \$19.24/Bi-Weekly              |  |  |  |
| Receipt For: Primary General Other (specify)  |                      | Aggregate Yea   | ar-to-Date ▼<br>404.04            |                                    |                                |  |  |  |
| SUBTOTAL of Receipts This   | Page (optional)      |                 |                                   |                                    | 49.24                          |  |  |  |
| TOTAL This Period (last page  | this line number onl | y)              |                                   |                                    | 71171                          |  |  |  |
|   |                      |                 |                                   | FEC <b>S</b>                       | chedule A (Form 3X) Rev. 06/20 |  |  |  |

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

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

| F  | OR  | LINE    | PAGE | <br>10 ( | ЭF | 25  |    |  |    |
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|    |     | 13      |      | 14       |    | 15  | 16 |  | 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Guiette, Jamie, L,, Date of Receipt Mailing Address 9529 Oakley Rd 2020 City Zip Code State Transaction ID: A1120421942124F9EB25 MI Saint Charles 48655-9527 Amount of Each Receipt this Period FEC ID number of contributing C 11.54 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lincare Manager, Area Payroll Deduction: \$11.54/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 242.34 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hagner, Glenda, S,, Date of Receipt Mailing Address PO Box 3453 10 2020 City State Zip Code Transaction ID: AB1CEB544A8544050A94 MO Camdenton 65020-3453 Amount of Each Receipt this Period FEC ID number of contributing 19.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lincare Payroll Deduction: \$19.24/Bi-Weekly Manager, District Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 404.04 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jarvis, Dawn, E, , Date of Receipt Mailing Address 8499 14th St N 02 2020 City State Zip Code Transaction ID: A9F62907304D3418792D FL St Petersburg 33702-7956 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$20.00/Bi-Weekly Manager, RBCO Lincare Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 50.78 SUBTOTAL of Receipts This Page (optional).....

Name of Employer (for Individual)

General

Lincare Receipt For:

Primary

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

| F  | OR               | LINE | NU | MBER | : | PAGE | _ ′ | 11 | OF |  | 25 |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Johnson, Susan, M,, Date of Receipt Mailing Address 8061 124th Ter 2020 City Zip Code State Transaction ID: AD72CA919F1E546A0B53 FL Largo 33773-2923 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) RVP, Billing Lincare Payroll Deduction: \$20.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jones, Brian, Edmund, Date of Receipt Mailing Address 179 Escoll Dr 10 2020 City State Zip Code Transaction ID: A85D9247992BA4C788FA PA East Stroudsburg 18301-9364 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lincare Payroll Deduction: \$12.00/Bi-Weekly Manager, Area Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 252.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Jones, Jodi, Beth, , Date of Receipt Mailing Address 137 Da Vinci Dr 02 2020 City Zip Code State Transaction ID: AF9FF6A4C1B504FC5BF4 FL Nokomis 34275-4222 Amount of Each Receipt this Period FEC ID number of contributing C 19.24 federal political committee.

| Other (specify)                               | 304.00 |   |   |   |   |   |   |   |   |          |  |
|---|--------|---|---|---|---|---|---|---|---|----------|--|
| SUBTOTAL of Receipts This Page (optional)     | ·····  | Ξ | I | , | I | I | , | I | 5 | 1.24     |  |
| TOTAL This Period (last page this line number | only)  | _ | _ | 7 | _ | _ | 7 | _ | _ | <u>-</u> |  |
|   |        |   |   |   |   |   |   |   |   |          |  |

Occupation (for Individual)

Director, National Marketing

Aggregate Year-to-Date ▼

Memo Item

Payroll Deduction: \$19.24/Bi-Weekly

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

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| or for commercial purposes, other than using  | the name and ad     | idress of any political committee     | to solicit contributions from such committee.                             |
|---|---------------------|---------------------------------------|---|
| NAME OF COMMITTEE (In Full) LINCARE HOLDINGS, INC. E  | MPLOYEE             | ACTION FUND                           |   |
| Full Name of Individual (Last, First, Middle Kelley, Marie, Elizabeth, ,  Mailing Address 13482 Gunsmoke Rd | Initial) or Full Or | ganization Name                       | Date of Receipt   |
| City<br>McCall  | State               | Zip Code<br>83638-5174                | 10 02 2020  Transaction ID : A317E13933F0547BBB56                         |
| FEC ID number of contributing federal political committee.  | C                   |                                       | Amount of Each Receipt this Period  |
| Name of Employer (for Individual) Lincare   |                     | pation (for Individual)<br>ager, Area | Memo Item Payroll Deduction: \$11.54/Bi-Weekly                            |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate \         | Year-to-Date ▼<br>242.34              |   |
| Full Name of Individual (Last, First, Middle Larche, Tracy, Marie, ,  |                     | ganization Name                       | Date of Receipt   |
| Mailing Address 10800 Brighton Bay Blvd N Apt 11308 City  | State               | Zip Code<br>33716-4404                | 10 02 2020<br>Transaction ID : A225FCDCEA6734FD091E                       |
| Saint Petersburg  FEC ID number of contributing federal political committee.                                | C                   | Amount of Each Receipt this Period    |   |
| Name of Employer (for Individual)<br>Lincare  |                     | pation (for Individual)               | Memo Item Payroll Deduction: \$11.54/Bi-Weekly                            |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate \         | Year-to-Date ▼ 242.34                 |   |
| Full Name of Individual (Last, First, Middle Lewis, Hayley, L, ,  | Initial) or Full Or | ganization Name                       | Date of Receipt   |
| Mailing Address PO Box 64   |                     |                                       | 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |
| City<br>Salina  | State<br>UT         | Zip Code<br>84654-0064                | Transaction ID : A49311D58C9D74443960  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C                   |                                       | 19.24   |
| Name of Employer (for Individual) Lincare   | l '                 | pation (for Individual)<br>ager, Area | Memo Item Payroll Deduction: \$19.24/Bi-Weekly                            |
| Receipt For: Primary General Other (specify)  | Aggregate \         | rear-to-Date ▼ 404.04                 |   |
| SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line numb                     |                     | ·                                     | 42.32   |

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

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| Any information copied from such Heports and so<br>or for commercial purposes, other than using the | Statements may not be sold or used by any perse<br>e name and address of any political committee t |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) LINCARE HOLDINGS, INC. EN   | /IPLOYEE ACTION FUND   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle In Lizotte, Dennis, P, ,                               | itial) or Full Organization Name   | Date of Receipt                                |  |  |  |  |  |
| Mailing Address 9 Wildbrook Dr  |  | 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |  |  |  |  |  |
| City  | State Zip Code   | Transaction ID : A3A805904D1ED492A87D          |  |  |  |  |  |
| Biddeford   | ME 04005-9740  | Amount of Each Receipt this Period             |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C  | 19.24  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occupation (for Individual)  | Memo Item                                      |  |  |  |  |  |
| Lincare   | Manager, Area  | Payroll Deduction: \$19.24/Bi-Weekly           |  |  |  |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼   | 7  |  |  |  |  |  |
| Primary General   | 00 0   |  |  |  |  |  |  |
| Other (specify) ▼   | 404.04   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle In Mathes, Jennifer, A, ,                              | itial) or Full Organization Name   | Date of Receipt                                |  |  |  |  |  |
| Mailing Address 2346 Eppie Cove Ln  |  | 10 02 2020                                     |  |  |  |  |  |
| City  | State Zip Code   | Transaction ID : A88A7A054A2F1412B8E8          |  |  |  |  |  |
| Knoxville   | TN 37931-4021  | Amount of Each Receipt this Period             |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C  | 11.54  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Lincare  | Occupation (for Individual)  Manager, Division   | Memo Item Payroll Deduction: \$11.54/Bi-Weekly |  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  242.34   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle In C. McBride, Doug, S, ,                              | itial) or Full Organization Name   | Date of Receipt                                |  |  |  |  |  |
| Mailing Address 115 Coleman Rd  |  | 10 02 2020                                     |  |  |  |  |  |
| City  | State Zip Code   | Transaction ID : A02EF272CC33B4F10BEA          |  |  |  |  |  |
| Springfield   | SD 57062-6419  | Amount of Each Receipt this Period             |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C  | 19.24  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occupation (for Individual) Manager, Area  | Memo Item Payroll Deduction: \$19.24/Bi-Weekly |  |  |  |  |  |
| Receipt For:  | <u> </u>   |  |  |  |  |  |  |
| Primary General   | Aggregate Year-to-Date ▼   |  |  |  |  |  |  |
| Other (specify)   | 404.04   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |  | 50.02  |  |  |  |  |  |
| TOTAL This Period (last page this line number   | only)  |  |  |  |  |  |  |

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

| F  | OR               | LINE | NU | MBER | PAGE |     | 14 | OF | 25 |    |  |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McGonagill, Catherine, , , Date of Receipt Mailing Address 1825 Sutherland Dr W 2020 City Zip Code State Transaction ID: ABB2C237E79F1419C9FC FL Palm Harbor 34683-3452 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Director, MGNED CAR Lincare Payroll Deduction: \$20.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McKenzie, Michael, M,, Date of Receipt Mailing Address 204 Glenroy Ct 10 2020 City State Zip Code Transaction ID: AAAE37298CA9A4A77A56 NC Flat Rock 28731-9561 Amount of Each Receipt this Period FEC ID number of contributing 19.25 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lincare Payroll Deduction: \$19.25/Bi-Weekly Director, Hospital Relations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 356.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mohammed, Shiraz, , , Date of Receipt Mailing Address 17306 Ladera Estates Blvd 02 2020 City Zip Code State Transaction ID: A98F3CCF8E840468A8CC FL Lutz 33548-4816 Amount of Each Receipt this Period FEC ID number of contributing 19.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$19.24/Bi-Weekly Head of HR and Payroll Lincare Receipt For: Aggregate Year-to-Date ▼ Primary General 373.24 Other (specify)

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

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

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|   | he name and address of any political committee |  |
|---|--|--|
| NAME OF COMMITTEE (In Full) LINCARE HOLDINGS, INC. E                    | MPLOYEE ACTION FUND                            |  |
| Full Name of Individual (Last, First, Middle II  Moreau, sandra, L, ,   | nitial) or Full Organization Name              | Date of Receipt                                |
| Mailing Address 16226 Muirfield Dr                                      |  | 10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y      |
| City  | State Zip Code                                 | Transaction ID : A8C6C0B17AEB84241AFD          |
| Odessa  | FL 33556-5431                                  | Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.              | C  | 19.24  |
| Name of Employer (for Individual)                                       | Occupation (for Individual)                    | Memo Item                                      |
| Lincare   | Manager, NHC Services                          | Payroll Deduction: \$19.24/Bi-Weekly           |
| Receipt For:  | Aggregate Year-to-Date ▼                       |  |
| Primary General Other (specify) ▼                                       | 327.08   |  |
| Full Name of Individual (Last, First, Middle In Newbeck, Patrick, E, ,  | nitial) or Full Organization Name              | Date of Receipt                                |
| Mailing Address 6105 Royal Birkdale Dr                                  |  | 10 02 2020                                     |
| City  | State Zip Code                                 | Transaction ID : A3964927E1F7C441AAB9          |
| Lake Worth  | FL 33463-6525                                  | Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.              | C  | 25.00  |
| Name of Employer (for Individual)<br>Lincare                            | Occupation (for Individual)  Manager, District | Memo Item Payroll Deduction: \$25.00/Bi-Weekly |
| Receipt For:  Primary General  Other (specify) ▼                        | Aggregate Year-to-Date ▼ 525.00                |  |
| Full Name of Individual (Last, First, Middle In Patterson, Marcus, T, , | nitial) or Full Organization Name              | Date of Receipt                                |
| Mailing Address 140 Plantation Dr                                       |  | 10 02 2020                                     |
| City  | State Zip Code                                 | Transaction ID : A5F9B54A7A7FD4A83ADA          |
| Mayflower   | AR 72106-8419                                  | Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.              | C  | 11.54  |
| Name of Employer (for Individual) Lincare                               | Occupation (for Individual)  Manager, Division | Memo Item Payroll Deduction: \$11.54/Bi-Weekly |
| Receipt For:  | Aggregate Year-to-Date ▼                       | 1  |
| Primary General Other (specify)   | 242.34   |  |
| SUBTOTAL of Receipts This Page (optional)                               |  | 55.78  |
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Use separate schedule(s) for each category of the Detailed Summary Page

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|   | Statements may not be sold or used by any perse name and address of any political committee to |   |
|---|--|---|
| NAME OF COMMITTEE (In Full) LINCARE HOLDINGS, INC. EN   | MPLOYEE ACTION FUND  |   |
| Full Name of Individual (Last, First, Middle In Payne, Mary, J, ,  Mailing Address 4215 Alderwood Ln              | itial) or Full Organization Name   | Date of Receipt   |
| City<br>Charlotte   | State Zip Code NC 28215-9508   | 10 02 2020  Transaction ID : A5EECBAF34A9342E188C  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | С  | 20.00   |
| Name of Employer (for Individual) Lincare Receipt For:  | Occupation (for Individual)  Manager, Region   | Memo Item Payroll Deduction: \$20.00/Bi-Weekly  |
| Primary General Other (specify) ▼   | Aggregate Year-to-Date ▼ 420.00  |   |
| Full Name of Individual (Last, First, Middle In Pedersen, Jennifer, L, ,  Mailing Address 18412 Keystone Manor Rd | iitial) or Full Organization Name  | Date of Receipt   |
| City Odessa FEC ID number of contributing   | State  | Transaction ID : AB9B5D79A1FB149969D6 Amount of Each Receipt this Period  25.00       |
| federal political committee.  Name of Employer (for Individual) Lincare   | Occupation (for Individual) Chief Compliance Officer   | Memo Item Payroll Deduction: \$25.00/Bi-Weekly  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 525.00  |   |
| Full Name of Individual (Last, First, Middle In Perry, Kellie, Rosser, ,  | itial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 65 Rosser Rd  City Covington  FEC ID number of contributing federal political committee.          | State Zip Code 30016-4178  | Transaction ID : A610718F52E0C449E89B  Amount of Each Receipt this Period             |
| Name of Employer (for Individual) Lincare Receipt For: Primary General Other (specify)                            | Occupation (for Individual) Privacy Officer  Aggregate Year-to-Date ▼  404.04                  | Memo Item Payroll Deduction: \$19.24/Bi-Weekly  |
| SUBTOTAL of Receipts This Page (optional)   |  | 64.24   |
| TOTAL This Period (last page this line number   | <u> </u>   |   |

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FOR LINE NUMBER: PAGE 17 OF

| EMIZED RECEIPTS   | for each category of the  Detailed Summary Page | l `_ | _ | 1a | ne)<br>11b | 11c |  | 12 |  |    |
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| ny information copied from such Reports and Statements mar for commercial purposes, other than using the name and a |   |      |   |    |            |     |  |    |  |    |
| NAME OF COMMITTEE (In Full)   |   |      |   |    |            |     |  |    |  |    |

| LINCARE HO   | LDINGS, INC. EI                             | MPLOYEE /   | ACTION FUND                                       |  |
|--|---|---|---|--|
| Full Name of Individ   | ual (Last, First, Middle Ir<br><b>M</b> , , | nitial) or Full Org   | anization Name                                    | Date of Receipt  |
| Mailing Address PO   | Box 238                                     |   |   | 10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
| City<br>Otis Orchards  |   | State<br>WA   | Zip Code<br>99027-0238                            | Transaction ID : ADD44AD968F2649CC97                                     |
| FEC ID number of of federal political com                      | •   | C   |   | Amount of Each Receipt this Period                                       |
| Name of Employer (   | for Individual)                             |   | ation (for Individual) ger, Regional Reimbursment | Memo Item Payroll Deduction: \$11.54/Bi-Weekly                           |
| Receipt For: Primary Other (specify)                           | General ▼                                   | Aggregate Ye  | ear-to-Date ▼<br>230.80                           |  |
| Full Name of Individ  B. Powell, Carla, F  Mailing Address 401 |   | l<br>nitial) or Full Org  | anization Name                                    | Date of Receipt  |
| City<br>Smithville   |   | Transaction ID : AB8155BA281AE4509A78  Amount of Each Receipt this Period |   |  |
| FEC ID number of of federal political com                      | 0   | 19.24   |   |  |
| Name of Employer Lincare                                       | for Individual)                             |   | ation (for Individual)<br>ger, Audit              | Memo Item Payroll Deduction: \$19.24/Bi-Weekly                           |
| Receipt For: Primary Other (specify                            | General ▼                                   | Aggregate Ye  | ear-to-Date ▼<br>307.84                           |  |
| Full Name of Individ   | ual (Last, First, Middle Ir                 | nitial) or Full Org   | anization Name                                    | Date of Receipt  |
| Mailing Address 44   | Buckwheat Dr                                |   |   | 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| City<br>Fairport   |   | State<br>NY   | Zip Code<br>14450-1129                            | Transaction ID : AD70EF292AC1F423ABC  Amount of Each Receipt this Period |
| FEC ID number of of federal political com                      | •   | С   |   | 12.00  |
| Name of Employer (   | for Individual)                             | Memo Item Payroll Deduction: \$12.00/Bi-Weekly                            |   |  |
| Receipt For: Primary Other (specify)                           | General                                     | Aggregate Ye  | ear-to-Date ▼<br>252.00                           |  |
| SUBTOTAL of Receip   | ts This Page (optional)                     |   | ·····   | 42.78  |

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

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|      | 13      | 14     |   | 15   |   | 16    |   | 17 |

|  | the name and address of any political committee |  |
|--|---|--|
| NAME OF COMMITTEE (In Full) LINCARE HOLDINGS, INC. E   | EMPLOYEE ACTION FUND                            |  |
| Full Name of Individual (Last, First, Middle Reynolds, William, P, ,  Mailing Address 909 S B St | Initial) or Full Organization Name              | Date of Receipt                                |
| Maining Address 909 S D St   |   | 10 02 2020                                     |
| City   | State Zip Code WV 25177-2735                    | Transaction ID : A476699DE05EF453BB1E          |
| Saint Albans   | WV 25177-2735                                   | Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.                                       | C   | 20.00  |
| Name of Employer (for Individual)  | Occupation (for Individual)                     | Memo Item                                      |
| Lincare  | Manager, Area                                   | Payroll Deduction: \$20.00/Bi-Weekly           |
| Receipt For:   | Aggregate Year-to-Date ▼                        |  |
| Primary General  Other (specify) ▼   | 420.00  |  |
| Full Name of Individual (Last, First, Middle Ries, Lisa, Jo, ,                                   | Initial) or Full Organization Name              | Date of Receipt                                |
| Mailing Address 12364 Meadow Bluff Trl   |   | 10 02 2020                                     |
| City   | State Zip Code                                  | Transaction ID : A257DA3ED7F1248A7848          |
| Afton  | MN 55001-9211                                   | Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.                                       | C   | 19.24  |
| Name of Employer (for Individual)<br>Lincare   | Occupation (for Individual) Manager, Division   | Memo Item Payroll Deduction: \$19.24/Bi-Weekly |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 384.80                 |  |
| Full Name of Individual (Last, First, Middle Roberts, Rhett, Golden, ,                           | Initial) or Full Organization Name              | Date of Receipt                                |
| Mailing Address 2345 Deer Pointe Dr  |   | 10 02 2020                                     |
| City   | State Zip Code                                  | Transaction ID : A2168066C02B14527ABF          |
| Clarkston  | WA 99403-5001                                   | Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.                                       | C   | 11.54  |
| Name of Employer (for Individual) Lincare  | Occupation (for Individual) Manager, Area       | Memo Item Payroll Deduction: \$11.54/Bi-Weekly |
| Receipt For:   | Aggregate Year-to-Date ▼                        | 1  |
| Primary General Other (specify)  | 242.34  |  |
| SUBTOTAL of Receipts This Page (optional).   |   | 50.78  |
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Use separate schedule(s) for each category of the Detailed Summary Page (check

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|                  |   | 13   |  | 14  |   | 15   | 16       |    | 17 |

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rosenthal, Daniel, G,, Date of Receipt Mailing Address 6700 Freeland Dr 2020 City State Zip Code Transaction ID: A6244263A215A4D27AED MO Hazelwood 63042-1266 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Payroll Deduction: \$20.00/Bi-Weekly Lincare Manager, Area Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rouse, JOhn, D,, Date of Receipt Mailing Address 75 Winding Way 10 2020 City State Zip Code Transaction ID: ACB47A7CA406349A5B55 Mt Juliet ΤN 37122-2047 Amount of Each Receipt this Period FEC ID number of contributing 19.24 federal political committee.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

|    | Name of Employer (for Individual)<br>Lincare  |                 | eation (for Individual)<br>Billing                 | Memo Item Payroll Deduction: \$19.24/Bi-Weekly                            |
|----|---|-----------------|--|---|
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Ye    | ear-to-Date ▼<br>327.08                            |   |
| C. | Full Name of Individual (Last, First, Middle Initi Schulenberg, Dorothy, R, ,  Mailing Address 3921 NE 79th Ter | al) or Full Org | anization Name                                     | Date of Receipt  10 02 2020   |
|    | City<br>Kansas City   | State<br>MO     | Zip Code<br>64119-4318                             | Transaction ID : A6DA11D83BCCE418DB99  Amount of Each Receipt this Period |
|    | FEC ID number of contributing federal political committee.  | С               |  | 11.54   |
|    | Name of Employer (for Individual) Lincare Receipt For:  | Manag           | ation (for Individual) ger, Division ear-to-Date ▼ | Memo Item Payroll Deduction: \$11.54/Bi-Weekly                            |
|    | Primary General Other (specify)   |                 | 226.98   |   |
| 5  | SUBTOTAL of Receipts This Page (optional)   |                 | <u> </u>   | 50.78   |

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Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Scott, Robert, , , Date of Receipt Mailing Address 1490 Skyline Dr 2020 City Zip Code State Transaction ID: A2014A21E23AC4FBDA55 PA Hermitage 16148-6742 Amount of Each Receipt this Period FEC ID number of contributing C 19.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lincare Manager, Area Payroll Deduction: \$19.24/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 404.04 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Seager, Brett, J,, Date of Receipt Mailing Address 10538 S Culmination St 10 2020 City State Zip Code Transaction ID: A61E3ECF0028F4EA1B3E South Jordan UT 84095-8315 Amount of Each Receipt this Period FEC ID number of contributing 19.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lincare Payroll Deduction: \$19.24/Bi-Weekly Manager, Division Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 404.04 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Stevens, Laura, Renee, Date of Receipt Mailing Address 9 Wildbrook Dr 02 2020 City State Zip Code Transaction ID: AFDC74B95294043FF870 ME Biddeford 04005-9740 Amount of Each Receipt this Period FEC ID number of contributing C 19.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$19.24/Bi-Weekly Lincare Manager, Center Receipt For: Aggregate Year-to-Date ▼ Primary General 327.08 Other (specify) 57.72 SUBTOTAL of Receipts This Page (optional).....

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|           | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na                |                        |  |  |
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| $\rangle$ | NAME OF COMMITTEE (In Full) LINCARE HOLDINGS, INC. EMP   | LOYEE A                | CTION FUND                                     |  |
| ۸.        | Full Name of Individual (Last, First, Middle Initial Sweet, Mary, Bridget, ,  Mailing Address 21 Donnelly Cross Rd | ) or Full Orga         | nization Name                                  | Date of Receipt  10 02 2020                    |
|           | City   | State                  | Zip Code                                       | Transaction ID: A89754C92F6C347AB8C3           |
|           | Spencer  | MA                     | 01562-1501                                     | Amount of Each Receipt this Period             |
|           | FEC ID number of contributing federal political committee.   | С                      |  | 19.24  |
|           | Name of Employer (for Individual)  | Occupa                 | tion (for Individual)                          | Memo Item                                      |
|           | Lincare  | er, Region             | Payroll Deduction: \$19.24/Bi-Weekly           |  |
|           | Receipt For:  Primary General  Other (specify) ▼   | ar-to-Date ▼<br>404.04 |  |  |
| 3.        | Full Name of Individual (Last, First, Middle Initial Thompson, Stacy, Leigh, , Mailing Address 817 Englewood St    | ) or Full Orga         | nization Name                                  | Date of Receipt                                |
|           | Walling Address 817 Englewood St   |                        |  | 10 02 2020                                     |
|           | City   | State                  | Zip Code                                       | Transaction ID : A02499AE5099B486D940          |
|           | Lansing  | KS                     | 66043-1428                                     | Amount of Each Receipt this Period             |
|           | FEC ID number of contributing federal political committee.   | С                      |  | 50.00  |
|           | Name of Employer (for Individual)<br>Lincare   |                        | tion (for Individual)<br>Leimbursement Officer | Memo Item Payroll Deduction: \$50.00/Bi-Weekly |
|           | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Yea          | ar-to-Date ▼ 930.00                            |  |
| ).        | Full Name of Individual (Last, First, Middle Initial Tripp, Paul, , ,  | ) or Full Orga         | nization Name                                  | Date of Receipt                                |
|           | Mailing Address 1906 Haven Bnd   |                        |  | 10 02 2020                                     |
|           | City Tampa   | State<br>FL            | Zip Code<br>33613-1107                         | Transaction ID : AE7816C9440E24405BB1          |
|           | FEC ID number of contributing federal political committee.   | C                      |  | Amount of Each Receipt this Period 20.00       |
|           | Name of Employer (for Individual) Lincare  |                        | tion (for Individual)<br>Counsel               | Memo Item Payroll Deduction: \$20.00/Bi-Weekly |
|           | Receipt For: Primary General Other (specify)   | ar-to-Date ▼<br>420.00 |  |  |
| s         | UBTOTAL of Receipts This Page (optional)   |                        | <b>&gt;</b>                                    | 89.24  |
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Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Turman, James, K,, Date of Receipt Mailing Address 12332 County Road 2175 2020 City Zip Code State Transaction ID: A4317483C79924F62BD5 TX Whitehouse 75791-6112 Amount of Each Receipt this Period FEC ID number of contributing C 11.54 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lincare Manager, Area Payroll Deduction: \$11.54/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 242.34 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Willis, Larry, , , Date of Receipt Mailing Address 795 Wild Rd 10 2020 City State Zip Code Transaction ID: A2AB91812C5E54A7C895 GA Monticello 31064-4023 Amount of Each Receipt this Period FEC ID number of contributing 19.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lincare Payroll Deduction: \$19.24/Bi-Weekly Manager, Regional Reimbursment Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 404.04 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wilson, Tammy, S., Date of Receipt Mailing Address 1240 Pinecrest Dr 02 2020 City Zip Code State Transaction ID: AC7F1721B972D4670A6F SC Rock Hill 29732-8061 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$20.00/Bi-Weekly Lincare Manager, Area Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 50.78 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

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|   | the name and address of any political committee   |  |
|---|---|--|
| NAME OF COMMITTEE (In Full) LINCARE HOLDINGS, INC. E  | EMPLOYEE ACTION FUND  |  |
| Full Name of Individual (Last, First, Middle Wojciak, David, E, ,  Mailing Address 14103 Lonewood PI  | Initial) or Full Organization Name  | Date of Receipt  |
| City Tampa  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Lincare  Receipt For:  Primary General  Other (specify) ▼  | State Zip Code FL 33625-6411  C  Occupation (for Individual) Head of Communications  Aggregate Year-to-Date ▼  726.16 | Transaction ID: A66545FDE948140DFB37  Amount of Each Receipt this Period  40.00  Memo Item  Payroll Deduction: \$40.00/Bi-Weekly |
| Full Name of Individual (Last, First, Middle  3. Mailing Address  | Initial) or Full Organization Name  | Date of Receipt  |
| FEC ID number of contributing federal political committee.  | State Zip Code  | Amount of Each Receipt this Period  Memo Item  |
| Name of Employer (for Individual)  Receipt For:  Primary General  Other (specify) ▼   | Occupation (for Individual)  Aggregate Year-to-Date ▼   |  |
| Full Name of Individual (Last, First, Middle  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify) | Initial) or Full Organization Name  State Zip Code  C  Occupation (for Individual)  Aggregate Year-to-Date ▼          | Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item  |
| SUBTOTAL of Receipts This Page (optional).  |   | 40.00  |
| TOTAL This Period (last page this line number   |   | 963.07   |

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| SCHEDULE B (FEC Form 3X)   |                            | NUMBER: PAGE 24 OF 25             |                         |                 |   |         |           |       |                 |                            |        |
|--|----------------------------|-----------------------------------|-------------------------|-----------------|---|---------|-----------|-------|-----------------|----------------------------|--------|
| ITEMIZED DISBURSEMENTS   |                            | arate schedule(s) category of the | (check                  | only            | one)                                    |         |           |       |                 |                            |        |
|  |                            | Summary Page                      | ×                       | 21b<br>28a      | 22<br>28b                               |         | 23<br>28c |       | 26<br>29        | 27<br>30b                  |        |
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| Any information copied from such Reports and State or for commercial purposes, other than using the na | ments may r<br>me and addr | ress of any politic               | ed by any<br>al committ | perso<br>tee to | solicit co                              | ntribu  | utions    | from  | such            | committ                    | ee.    |
| NAME OF COMMITTEE (In Full)  |                            |                                   |                         |                 |   |         |           |       |                 |                            |        |
| LINCARE HOLDINGS, INC. EMP   | LOYEE A                    | ACTION FUI                        | ND                      |                 |   |         |           |       |                 |                            |        |
| Full Name (Last, First, Middle Initial)  |                            |                                   |                         |                 |   |         |           |       |                 |                            |        |
| A. BB&T  |                            |                                   |                         |                 | Date of Disbursement                    |         |           |       |                 |                            |        |
| Mailing Address 1099 New York Ave NW   |                            |                                   |                         |                 | 10 01 2020                              |         |           |       |                 |                            | Y      |
| Ste 100  |                            |                                   |                         |                 |   |         |           |       |                 |                            | _      |
| City   | State                      | Zip Code                          |                         | FEC Id          | lentifi                                 | icatior | n Nur     | nber  |                 |                            |        |
| Washington Purpose of Disbursement   | DC                         | 20001-4452                        |                         |                 |   | -       | _         | -     |                 |                            |        |
| Bank Fees  |                            |                                   | L                       |                 | C                                       |         |           |       |                 |                            |        |
| Candidate Name   |                            |                                   | Categor                 | v/              |   |         |           |       | BBF6B<br>urseme | <b>D4133</b><br>Int this f | Period |
|  |                            |                                   | Type                    |                 |   |         |           |       |                 |                            | -      |
|  | ement For:                 | Canaval                           |                         |                 |   |         |           |       | 7               | 5.0                        | 0      |
| Senate President   | Primary Other (spec        | General                           |                         |                 |   |         | _         |       |                 |                            |        |
| State: District:   | J 0 ii.o. (opo.            | ···, •                            |                         |                 | Me                                      | emo I   | Item      |       |                 |                            |        |
| Full Name (Last, First, Middle Initial)  |                            |                                   |                         |                 |   |         |           |       |                 |                            |        |
| В.   |                            |                                   |                         |                 | Date of                                 | f Dis   | burse     | ment  |                 |                            |        |
| Mailing Address  |                            |                                   |                         |                 | M = M                                   | /       | D         | D /   | Y               | Y                          | Y      |
| Mailing Address  |                            |                                   |                         |                 |   |         |           |       |                 |                            |        |
| City   | State                      | Zip Code                          |                         |                 | FEC Id                                  | lentifi | icatior   | n Nur | nber            |                            |        |
| Purpose of Disbursement  |                            |                                   | _                       | С               |   |         |           |       |                 |                            |        |
|  |                            |                                   |                         | Ш               |   |         |           |       |                 |                            |        |
| Candidate Name   |                            |                                   | Category                | y/              | Amount of Each Disbursement this Period |         |           |       |                 |                            |        |
| Office Sought: House Disburse  | ment For:                  |                                   | Туре                    |                 |   |         |           |       |                 |                            |        |
| Senate   | Primary                    |                                   |                         |                 |   |         |           |       |                 |                            |        |
| President  | Other (spec                |                                   |                         |                 | Memo Item                               |         |           |       |                 |                            |        |
| State: District:   | 1                          | o. (opco)                         |                         |                 |   | 1110 1  | item      |       |                 |                            |        |
| Full Name (Last, First, Middle Initial)  |                            |                                   |                         |                 | Data                                    | . D:-   | l         |       |                 |                            |        |
| C.   |                            |                                   |                         |                 | Date of                                 | _       |           |       |                 |                            |        |
| Mailing Address  |                            |                                   |                         |                 | M = M                                   | '       | D III     | D /   | Y               | Y   Y                      | Y      |
|  |                            |                                   |                         |                 |   |         |           |       |                 |                            |        |
| City   | State                      | Zip Code                          |                         |                 | FEC Id                                  | lentifi | ication   | n Nur | nber            |                            |        |
| Purpose of Disbursement  |                            |                                   |                         | $\neg$          | С                                       |         |           |       |                 |                            |        |
|  |                            |                                   | L                       |                 |   |         |           | _     |                 |                            |        |
| Candidate Name   |                            |                                   | Category                | y/              | Amoun                                   | t of I  | Each      | Disbu | ırseme          | nt this I                  | Period |
| Office Sought: House Disburse  | ement For:                 |                                   | Type                    |                 |   |         |           |       |                 |                            |        |
| Senate   | Primary                    | General                           |                         |                 |   |         |           | _     |                 | - 4                        |        |
| President  | Other (spec                | cify) 🔻                           |                         |                 | Ме                                      | emo l   | Item      |       |                 |                            |        |
| State: District:   |                            |                                   |                         |                 | П                                       |         |           |       |                 |                            |        |
| SUPTOTAL of Dishursomente This David (authors)   |                            |                                   |                         |                 |   |         |           |       |                 | 5.0                        | 00     |
| SUBTOTAL of Disbursements This Page (optional).  |                            |                                   |                         | <u> </u>        | <b>+</b>                                | #       |           | =     |                 |                            |        |
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| SCHEDULE B (FEC Form 3X)                                   | Use separate schedule(s) for each category of the |                  | FOR LINE          | FOR LINE NUMBER: PAGE 25 OF 25                                      |                           |                      |  |                        |
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| ITEMIZED DISBURSEMENTS                                     |   |                  | (check only       | ´ _   | 23 26 27                  |                      |  |                        |
|  |   | ummary Page      | 21b<br>28a        | 22 <b>x</b> 28b   | 23<br>28c                 | 26 27<br>29 30b      |  |                        |
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| or for commercial purposes, other than using the name      |   |                  |                   |   |                           |                      |  |                        |
| NAME OF COMMITTEE (In Full)                                |   |                  |                   |   |                           |                      |  |                        |
| $ \hspace{.05cm} \rangle$ LINCARE HOLDINGS, INC. EMPL      | OYEE AC   | CTION FUN        | ND                |   |                           |                      |  |                        |
| Full Name (Last, First, Middle Initial)                    |   |                  |                   |   |                           |                      |  |                        |
| A. CATHY MCMORRIS RODGERS FOR CONGRESS                     |   |                  |                   |   | Date of Disbursement      |                      |  |                        |
| Mailing Address PO Roy 127                                 |   |                  |                   |   | 10 02 2020                |                      |  |                        |
| Mailing Address PO Box 137                                 |   |                  |                   |   | 10 02 2020                |                      |  |                        |
| ,  | State Zip Code                                    |                  |                   |   | FEC Identification Number |                      |  |                        |
| Spokane Purpose of Disbursement                            | WA  | 99210-0137       |                   |   |                           |                      |  |                        |
| Contribution to Committee                                  |   |                  |                   |   | C C00390476               |                      |  |                        |
| Candidate Name Category/                                   |   |                  |                   | Transaction ID: B8E7283DBA  Amount of Each Disbursement this Period |                           |                      |  |                        |
| Cathy, Mcmorris, Rodgers, ,                                |   |                  |                   |   |                           |                      |  |                        |
| Office Sought:    X   House   Disbursement For: 2020       |   |                  |                   | 1000.00   |                           |                      |  |                        |
|  |   |                  |                   |   |                           |                      |  | State: WA District: 05 |
| Full Name (Last, First, Middle Initial)                    |   |                  |                   |   |                           |                      |  |                        |
| B.   |   |                  |                   | Date of Disbursement  |                           |                      |  |                        |
| Mailing Address  |   |                  |                   | M M / D D / Y Y Y Y   |                           |                      |  |                        |
|  |   |                  |                   |   |                           |                      |  |                        |
| City   | State   | Zip Code         |                   | FEC Identification Number   |                           |                      |  |                        |
| Purpose of Disbursement                                    |   |                  |                   | С   |                           |                      |  |                        |
|  |   |                  |                   |   |                           |                      |  |                        |
| Candidate Name Category/                                   |   |                  |                   | Amount of Each Disbursement this Period                             |                           |                      |  |                        |
| Office Sought: House Disbursement For:                     |   |                  |                   |   |                           |                      |  |                        |
| Senate   | Primary General                                   |                  |                   | 4 4   |                           |                      |  |                        |
|  | Other (specify)                                   |                  |                   | Memo Item   |                           |                      |  |                        |
| State: District:   |   |                  |                   |   |                           |                      |  |                        |
| Full Name (Last, First, Middle Initial)  C.                |   |                  |                   | Date of D   | isbursemer                | nt                   |  |                        |
|  |   |                  |                   | M M / D D / Y Y Y Y   |                           |                      |  |                        |
| Mailing Address  |   |                  |                   |   |                           |                      |  |                        |
| City   | State   | Zip Code         |                   | FF0.11  |                           |                      |  |                        |
|  |   | <u>'</u>         |                   | FEC Ident   | tification Nu             | umber                |  |                        |
| Purpose of Disbursement                                    |   |                  |                   | C   |                           |                      |  |                        |
| Candidate Name   |   |                  |                   | Amount of Each Disbursement this Period                             |                           |                      |  |                        |
|  |   |                  | Category/<br>Type | Amount o  | EdCII DISI                | oursement this renou |  |                        |
| Office Sought: House Disbursement For:                     |   |                  |                   |   | 7                         | 7 1 7                |  |                        |
| Senate<br>President  | Primary General Other (specify) ▼                 |                  |                   |   |                           |                      |  |                        |
| State: District:   | Strict (specify)                                  |                  |                   | Memo  | Item                      |                      |  |                        |
|  |   |                  |                   |   |                           |                      |  |                        |
| SUBTOTAL of Disbursements This Page (optional)             |   |                  | ·····•            |   | 7                         | 1000.00              |  |                        |
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| <b>TOTAL</b> This Period (last page this line number only) |   |                  |                   |   |                           |                      |  |                        |