

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

ADDRESS (number and street) 1937 U.S. 19 NORTH Clearwater FL 33764-3102

2. FEC IDENTIFICATION NUMBER C C00653477 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 01 / 2020 through 10 / 14 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Clark, Christopher, Lynn, ,

Type or Print Name of Treasurer Signature of Treasurer Clark, Christopher, Lynn, , [Electronically Filed] Date 10 / 19 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	963.07	20041.41
(ii) Unitemized	233.28	16582.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1196.35	36624.13
(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
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1196.35	36624.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1196.35	36624.13

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5.00	50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5.00	50.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	5500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1005.00	5550.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1005.00	5550.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Abbott, Brian, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18606 Ponciana Ave
 City Cleveland State OH Zip Code 44135-3946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, RHC Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 02 / 2020
Transaction ID : AA4800D7B7FB0492F9E5
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

B. Adams, Paula, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2250 Portofino Pl Unit 231
 City Palm Harbor State FL Zip Code 34683-7752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Head of Employee Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 02 / 2020
Transaction ID : A478E48E33E354CEEB03
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. Baldrige, Richard, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Quarterpole Ct
 City Warrenton State VA Zip Code 20186-3072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Center
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt 10 / 02 / 2020
Transaction ID : A5959E5F0C1CC40B8BAD
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	63.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Butkevitch, Peter, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 725
 City Gloversville State NY Zip Code 12078-0007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 02 / 2020
Transaction ID : A457BC7EE810048FA899
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

B. Capella, Pamela, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3034 Catesville Cir
 City Leland State NC Zip Code 28451-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 02 / 2020
Transaction ID : A4AF404FA2DE4479D899
 Amount of Each Receipt this Period 11.54
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

C. Chipps, Nicole, Patricia, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 313 Ohio Ave
 City Girard State OH Zip Code 44420-3243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, RBCO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 02 / 2020
Transaction ID : A993AF17DEF7C4D049AC
 Amount of Each Receipt this Period 11.54
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	42.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

A. DeBord, Charissa, Anne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8957 Antigua Dr
 City Seminole State FL Zip Code 33777-2141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Regional Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 02 / 2020
Transaction ID : A8F067D49FDD547C3B0F
 Amount of Each Receipt this Period 11.54
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

B. DeMello, Lori, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2912 Hampton Place Ct
 City Plant City State FL Zip Code 33566-9321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) VP, Regional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 10 / 02 / 2020
Transaction ID : A578C5AB9E4054B328D6
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

C. Dodd, Timothy, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10800 Brighton Bay Blvd NE Apt 11308
 City Saint Petersburg State FL Zip Code 33716-4404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Vehicle Fleet
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 02 / 2020
Transaction ID : AABCC69D499734382AB0
 Amount of Each Receipt this Period 11.54
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	53.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. gangemi, deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2970 Pleasant Ave
 City Hamburg State NY Zip Code 14075-3624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) RVP, National Held Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.96

Date of Receipt 10 / 02 / 2020
Transaction ID : A610B9DD2F0794E8AA10
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Garcia, Andrea, Carolina, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5704 Lake Side Dr
 City Bossier City State LA Zip Code 71111-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 02 / 2020
Transaction ID : A50F6034DD0064E77BC5
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Garner, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 W 58th St
 City Casper State WY Zip Code 82601-6508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 02 / 2020
Transaction ID : A90E870E719304492914
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	49.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Guiette, Jamie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9529 Oakley Rd
 City Saint Charles State MI Zip Code 48655-9527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 02 / 2020
Transaction ID : A1120421942124F9EB25
 Amount of Each Receipt this Period 11.54
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

B. Hagner, Glenda, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3453
 City Camdenton State MO Zip Code 65020-3453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, District
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 02 / 2020
Transaction ID : AB1CEB544A8544050A94
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

C. Jarvis, Dawn, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8499 14th St N
 City St Petersburg State FL Zip Code 33702-7956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, RBCO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 02 / 2020
Transaction ID : A9F62907304D3418792D
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	50.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Johnson, Susan, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8061 124th Ter

City Largo	State FL	Zip Code 33773-2923
---------------	-------------	------------------------

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

Name of Employer (for Individual) Lincare	Occupation (for Individual) RVP, Billing
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2020

Transaction ID : AD72CA919F1E546A0B53

Amount of Each Receipt this Period
20.00

Memo Item
Payroll Deduction: \$20.00/Bi-Weekly

B. Jones, Brian, Edmund, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 179 Escoll Dr

City East Stroudsburg	State PA	Zip Code 18301-9364
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2020

Transaction ID : A85D9247992BA4C788FA

Amount of Each Receipt this Period
12.00

Memo Item
Payroll Deduction: \$12.00/Bi-Weekly

C. Jones, Jodi, Beth, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 Da Vinci Dr

City Nokomis	State FL	Zip Code 34275-4222
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lincare	Occupation (for Individual) Director, National Marketing
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
384.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2020

Transaction ID : AF9FF6A4C1B504FC5BF4

Amount of Each Receipt this Period
19.24

Memo Item
Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	51.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Kelley, Marie, Elizabeth, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13482 Gunsmoke Rd
 City McCall State ID Zip Code 83638-5174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 02 / 2020
Transaction ID : A317E13933F0547BBB56
 Amount of Each Receipt this Period 11.54
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

B. Larche, Tracy, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10800 Brighton Bay Blvd NE Apt 11308
 City Saint Petersburg State FL Zip Code 33716-4404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Head of Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 02 / 2020
Transaction ID : A225FCDCEA6734ED091B
 Amount of Each Receipt this Period 11.54
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

C. Lewis, Hayley, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 64
 City Salina State UT Zip Code 84654-0064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 02 / 2020
Transaction ID : A49311D58C9D74443960
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	42.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lizotte, Dennis, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Wildbrook Dr
 City Biddeford State ME Zip Code 04005-9740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 02 / 2020
Transaction ID : A3A805904D1ED492A87D
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

B. Mathes, Jennifer, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2346 Eppie Cove Ln
 City Knoxville State TN Zip Code 37931-4021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Division
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 02 / 2020
Transaction ID : A88A7A054A2F1412B8E8
 Amount of Each Receipt this Period 11.54
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

C. McBride, Doug, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Coleman Rd
 City Springfield State SD Zip Code 57062-6419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 02 / 2020
Transaction ID : A02EF272CC33B4F10BEA
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	50.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. McGonagill, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1825 Sutherland Dr W
 City Palm Harbor State FL Zip Code 34683-3452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) National Director, MGNEC CAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 02 / 2020
Transaction ID : ABB2C237E79F1419C9FC
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. McKenzie, Michael, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Glenroy Ct
 City Flat Rock State NC Zip Code 28731-9561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Director, Hospital Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 356.00

Date of Receipt 10 / 02 / 2020
Transaction ID : AAAE37298CA9A4A77A56
 Amount of Each Receipt this Period 19.25
 Memo Item
 Payroll Deduction: \$19.25/Bi-Weekly

C. Mohammed, Shiraz, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17306 Ladera Estates Blvd
 City Lutz State FL Zip Code 33548-4816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Head of HR and Payroll
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 373.24

Date of Receipt 10 / 02 / 2020
Transaction ID : A98F3CCF8E840468A8CC
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	58.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Moreau, sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16226 Muirfield Dr
 City Odessa State FL Zip Code 33556-5431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, NHC Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt 10 / 02 / 2020
Transaction ID : A8C6C0B17AEB84241AFD
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

B. Newbeck, Patrick, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6105 Royal Birkdale Dr
 City Lake Worth State FL Zip Code 33463-6525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, District
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 02 / 2020
Transaction ID : A3964927E1F7C441AAB9
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. Patterson, Marcus, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Plantation Dr
 City Mayflower State AR Zip Code 72106-8419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Division
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 02 / 2020
Transaction ID : A5F9B54A7A7FD4A83ADA
 Amount of Each Receipt this Period 11.54
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	55.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Payne, Mary, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4215 Alderwood Ln
 City Charlotte State NC Zip Code 28215-9508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 02 / 2020
Transaction ID : A5EECBAF34A9342E188C
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Pedersen, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18412 Keystone Manor Rd
 City Odessa State FL Zip Code 33556-4836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 02 / 2020
Transaction ID : AB9B5D79A1FB149969D6
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. Perry, Kellie, Rosser, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 Rosser Rd
 City Covington State GA Zip Code 30016-4178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Privacy Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 02 / 2020
Transaction ID : A610718F52E0C449E89B
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	64.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Peterson, Shelli, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 238
 City Otis Orchards State WA Zip Code 99027-0238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Regional Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 10 / 02 / 2020
Transaction ID : ADD44AD968F2649CC97E
 Amount of Each Receipt this Period 11.54
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

B. Powell, Carla, Patrice, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Donegal Dr
 City Smithville State MO Zip Code 64089-8383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 10 / 02 / 2020
Transaction ID : AB8155BA281AE4509A78
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

C. Powers, Rena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Buckwheat Dr
 City Fairport State NY Zip Code 14450-1129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 02 / 2020
Transaction ID : AD70EF292AC1F423ABC6
 Amount of Each Receipt this Period 12.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	42.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Reynolds, William, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 909 S B St

City Saint Albans	State WV	Zip Code 25177-2735
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2020

Transaction ID : A476699DE05EF453BB1E

Amount of Each Receipt this Period
20.00

Memo Item
Payroll Deduction: \$20.00/Bi-Weekly

B. Ries, Lisa, Jo, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12364 Meadow Bluff Trl

City Afton	State MN	Zip Code 55001-9211
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2020

Transaction ID : A257DA3ED7F1248A7848

Amount of Each Receipt this Period
19.24

Memo Item
Payroll Deduction: \$19.24/Bi-Weekly

C. Roberts, Rhett, Golden, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2345 Deer Pointe Dr

City Clarkston	State WA	Zip Code 99403-5001
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
242.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2020

Transaction ID : A2168066C02B14527ABF

Amount of Each Receipt this Period
11.54

Memo Item
Payroll Deduction: \$11.54/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	50.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rosenthal, Daniel, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6700 Freeland Dr
 City Hazelwood State MO Zip Code 63042-1266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 02 / 2020
Transaction ID : A6244263A215A4D27AED
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Rouse, John, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Winding Way
 City Mt Juliet State TN Zip Code 37122-2047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) RVP, Billing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt 10 / 02 / 2020
Transaction ID : ACB47A7CA406349A5B55
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

c. Schulenberg, Dorothy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3921 NE 79th Ter
 City Kansas City State MO Zip Code 64119-4318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Division
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 226.98

Date of Receipt 10 / 02 / 2020
Transaction ID : A6DA11D83BCCE418DB99
 Amount of Each Receipt this Period 11.54
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	50.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Scott, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1490 Skyline Dr

City Hermitage	State PA	Zip Code 16148-6742
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2020

Transaction ID : A2014A21E23AC4FBDA55

Amount of Each Receipt this Period
19.24

Memo Item
Payroll Deduction: \$19.24/Bi-Weekly

B. Seager, Brett, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10538 S Culmination St

City South Jordan	State UT	Zip Code 84095-8315
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2020

Transaction ID : A61E3ECF0028F4EA1B3E

Amount of Each Receipt this Period
19.24

Memo Item
Payroll Deduction: \$19.24/Bi-Weekly

C. Stevens, Laura, Renee, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Wildbrook Dr

City Biddeford	State ME	Zip Code 04005-9740
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2020

Transaction ID : AFDC74B95294043FF870

Amount of Each Receipt this Period
19.24

Memo Item
Payroll Deduction: \$19.24/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Sweet, Mary, Bridget, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Donnelly Cross Rd
 City Spencer State MA Zip Code 01562-1501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 02 / 2020
Transaction ID : A89754C92F6C347AB8C3
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

B. Thompson, Stacy, Leigh, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 817 Englewood St
 City Lansing State KS Zip Code 66043-1428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Chief Reimbursement Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 930.00

Date of Receipt 10 / 02 / 2020
Transaction ID : A02499AE5099B486D940
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Tripp, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1906 Haven Bnd
 City Tampa State FL Zip Code 33613-1107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 02 / 2020
Transaction ID : AE7816C9440E24405BB1
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	89.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Turman, James, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12332 County Road 2175
 City Whitehouse State TX Zip Code 75791-6112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 02 / 2020
Transaction ID : A4317483C79924F62BD5
 Amount of Each Receipt this Period 11.54
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

B. Willis, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 795 Wild Rd
 City Monticello State GA Zip Code 31064-4023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Regional Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 02 / 2020
Transaction ID : A2AB91812C5E54A7C895
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

C. Wilson, Tammy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 Pinecrest Dr
 City Rock Hill State SC Zip Code 29732-8061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Manager, Area
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 02 / 2020
Transaction ID : AC7F1721B972D4670A6F
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	50.78
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wojciak, David, E, ,

Mailing Address 14103 Lonewood Pl

City Tampa	State FL	Zip Code 33625-6411
---------------	-------------	------------------------

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

Name of Employer (for Individual) Lincare	Occupation (for Individual) Head of Communications
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
726.16

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2020

Transaction ID : A66545FDE948140DFB37

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction: \$40.00/Bi-Weekly

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	963.07

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. BB&T

Full Name (Last, First, Middle Initial)

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 01 / 2020

FEC Identification Number: C

Transaction ID : **BBF6BD4133**

Amount of Each Disbursement this Period: 5.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5.00

TOTAL This Period (last page this line number only)..... ▶ 5.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. CATHY MCMORRIS RODGERS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement
Contribution to Committee

Candidate Name
Cathy, Mcmorris, Rodgers, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: WA District: 05

Date of Disbursement: 10 / 02 / 2020

FEC Identification Number: **C** C00390476
Transaction ID : **B8E7283DBA**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

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