Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND 19387 U.S. 19 NORTH ADDRESS (number and street) (Check if address is changed) Clearwater 33764-3102 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cclark13@lincare.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2019 C00653477 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Clark, Christopher, Lynn Type or Print Name of Treasurer Clark, Christopher, Lynn [Electronically Filed] 02 19 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE tte Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidat		
Candidate Party Affi	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Politica	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fi	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	wo or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
С	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2		
3		

Title or Position Treasurer

_	-			_
ı	FEC Form 1 (Revised (02/2009)		Page 3
	rite or Type Committee Name	·		Tage U
		DINGS, INC. EMPLO	YEE ACTION FUN	D
6.		organization, Affiliated Committee, Joint		
	•			
	NDE NORTH AMER	ICA INC ALLIANCE FOR GO	OD GOVERNIVIENT (LIND	
	Mailing Address	200 SOMERSET CORPORATE BLVD		
	Ü	SUITE 7000		
		BRIDGEWATER	NJ 08807	7-
		CITY	STATE	ZIP CODE
				l <u></u> -
	Relationship: Connected	I Organization X Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
	books and records.	stopher, Lynn, , 19387 US Highway 19 N Clearwater		4-3102
	Title or Position	CITY	STATE	ZIP CODE
	Custodian of Records		Telephone number 727 –	538 - 1326
	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the committee; and the	name and address of
	Full Name Clark, Chris	stopher, Lynn, ,		
	Mailing Address	19387 US Highway 19 N		
		Clearwater		4-3102
		CITY	STATE	ZIP CODE

727

Telephone number

538

1326

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

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

Form/Schedule: F1A Transaction ID:

This report is being filed to note an additional affiliated committee, Messer North America, Inc. Alliance for Good Government (C00695239)

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

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1		FEC ID number	С
		, == .=	0
3.		FEC ID number	C
		FEC ID number	С
4.		FEC ID number	C
lame of Any Connecte Lincare Holdings	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	19387 US Highway 19 N		
	Clearwater	, , FL ,	33764-3102
Data Caratata			
	CITY ▲ ed Organization	STATE ▲ oint Fundraising Represent	ZIP CODE ▲ ative Leadership PAC Sp
esignated Agent: Ident	ed Organization Affiliated Committee J	oint Fundraising Represent	
Connect	ed Organization Affiliated Committee J	oint Fundraising Represent	
esignated Agent: Ident	ed Organization Affiliated Committee J	oint Fundraising Represent	
esignated Agent: Ident	ed Organization Affiliated Committee J	oint Fundraising Represent	Leadership PAC Sp
Connect Pesignated Agent: Ident Full Name	ed Organization Affiliated Committee J	oint Fundraising Represent	

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

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h). Joint Fundraisi r		FEC ID number	C
1		FEC ID number	
2.			
3.		FEC ID number	
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representati	ve, or Leadership PAC Spon
PRAXAIR, INC. P	POLITICAL ACTION COMMITTEE		
Mailing Address	10 RIVERVIEW DRIVE		
	PO BOX 2958		
	DANBURY	CT	06810-
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
Connecte	d Organization Affiliated Committee Jo	oint Fundraising Represer	tative Leadership PAC S
	d Organization Affiliated Committee Joy by name, address (phone number – optional)		ntative Leadership PAC S
			tative Leadership PAC S
esignated Agent: Identif			htative Leadership PAC S
esignated Agent: Identif			htative Leadership PAC S
esignated Agent: Identif			htative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund		
MESSER NORTH	H AMERICA, INC. ALLIANCE FOR G	OOD GOVERNI	MENT
	200 SOMERSET CORPORATE BOULEVARD		
Mailing Address	200 GOMERGET GORT GRATE BOOLE VARIE		
	BRIDGEWATER	NJ	08807-
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee Join y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif	by by name, address (phone number – optional) CITY		
esignated Agent: Identif	by by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A