FEC

STATEMENT OF **ORGANIZATION**

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US	se (Only						_
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	02	l	 -			l .		
-			J					1

FORM 1				
			Off	ice Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
LINCARE HOLDII	NGS. INC. EMP	LOYEE ACTION	FUND	
ADDRESS (number and street)	19387 U.S. 19 NORTH			
(Check if address is changed)				
io onangou,	Clearwater		FL 3376	64-3102
	CITY A		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address	.cclark13@lincare.com			
is changed)				
	Optional Second E-Mail Add outsourcing@aristotle	lress e.com		1
COMMITTEE'S WEB PAGE ADD	RESS (URL)			
(Check if address is changed)				
	I			ı
2. DATE 03 01	2019			
3. FEC IDENTIFICATION NU	MBER ▶ C co	00653477		
4. IS THIS STATEMENT	NEW (N) OR	x AMENDED (A)		
I certify that I have examined thi	s Statement and to the best	of my knowledge and belief it is	s true, correct and	complete.
Type or Print Name of Treasurer	Clark, Christopher, Lynn	1 1		
Signature of Treasurer Clark,	Christopher, Lynn , ,	[Electronically Filed]	Date 03	07 / 2019
NOTE: Submission of false, errone		may subject the person signing th DN SHOULD BE REPORTED WI		penalties of 2 U.S.C. §437g.

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

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

Title or Position Treasurer

-			
FFO Form 1 (During the	02/2000)		7
FEC Form 1 (Revised	,		Page 3
Write or Type Committee Name			
	DINGS, INC. EMPLOY		
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fu	ndraising Representative, or Leade	ership PAC Sponsor
LINDE NORTH AMER	RICA INC ALLIANCE FOR GOO	D GOVERNMENT (LIND)	E PAC)
Mailing Address	200 SOMERSET CORPORATE BLVD		
	SUITE 7000		
	BRIDGEWATER	NJ 08807	-
	CITY	STATE	ZIP CODE
Relationship: Connecte	d Organization 🗶 Affiliated Committee 🔲 Je	oint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number opti	onal) and position of the person in p	possession of committee
	istopher, Lynn, ,		1
Full Name	19387 US Highway 19 N		
Mailing Address			
	Clearwater	FL 33764	-3102
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number 727 – [538 1326
3. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the assistant treasurer).	treasurer of the committee; and the	name and address of
Full Name Clark, Chr	istopher, Lynn, ,		
Mailing Address	19387 US Highway 19 N		
	Clearwater		-3102

CITY

ZIP CODE

1326

538

STATE

Telephone number

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Clark, Christopher, Lynn, ,		
Mailing Address	19387 US Highway 19 N		
	Clearwater	FL STATE	33764-3102 ZIP CODE
Title or Position Treasurer	Telephone	number 727	7 - 538 - 1326
safety deposit bo Name of Bank, E	Depositories: List all banks or other depositories in which the compares or maintains funds. Depository, etc. BB&T 1299 S. Missouri Ave.	mittee deposits fu	nds, holds accounts, rents
Mailing Address			
	Clearwater	FL FL	33756
	CITY	STATE	ZIP CODE
Name of Bank, D	Depository, 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 the disaffiliation of Messer North America Good Government Fund.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

Page ___ **of** ____

h). Joint Fundraisi		FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	I Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Lincare Holdings	Inc.		
Mailing Address	19387 US Highway 19 N		
g			
	Clearwater	FL	33764-3102
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee Joint	t Fundraising Representa	Leadership PAC S
	fy by name, address (phone number – optional)	Fundraising Hepresenta	tive Leadership PAC S
esignated Agent: Identi		Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		T-Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

5(g) o	or(h). Joint Fundraisir	ng Participant:		
	1.		FEC ID number	С
	2		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	=	Organization, Affiliated Committee, Joint FOLITICAL ACTION COMMITTEE		e, or Leadership PAC Sponsor
	Mailing Address	10 RIVERVIEW DRIVE		
		PO BOX 2958		
		DANBURY	СТ	06810-
	Relationship:	CITY A	STATE A	ZIP CODE ▲
8.	Designated Agent: Identif	y by name, address (phone number – optiona	al)	
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
		1	STATE Telephone Number	ZIP CODE A
	TITLE OR POSITION	ories: List all banks or other depositories in waintains funds.	Telephone Number	ts funds, holds accounts, rents
	TITLE OR POSITION Banks or Other Deposite safety deposit boxes or many of Bank,	ories: List all banks or other depositories in waintains funds.	Telephone Numberhich the committee depos	ts funds, holds accounts, rents
	Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in waintains funds.	Telephone Numberhich the committee depos	ts funds, holds accounts, rents