

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) **19387 U.S. 19 NORTH**
▼
 Check if different than previously reported. (ACC) **Clearwater** **FL** **33764-3102**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00653477** 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2020 through / / 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 / / 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"/>	<input type="text" value="69639.32"/>	<input type="text" value="69639.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="85977.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10327.32"/>	<input type="text" value="26680.34"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="96304.66"/>	<input type="text" value="96319.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1015.00"/>	<input type="text" value="1030.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="95289.66"/>	<input type="text" value="95289.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

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).....	3284.86	12384.86
(ii) Unitemized	7042.46	14295.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10327.32	26680.34
(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)	10327.32	26680.34
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)).....▶	10327.32	26680.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10327.32	26680.34

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	15.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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)) ..	1015.00	1030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1015.00	1030.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	10327.32	26680.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10327.32	26680.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15.00	30.00

**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 18
<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

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 ▼ 269.36

Date of Receipt 06 / 26 / 2020
Transaction ID : A989BB398DB094595926
 Amount of Each Receipt this Period 76.96
 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 1733 Rambling Ridge Ct
 City Palm Harbor State FL Zip Code 34683-3657
 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 ▼ 250.00

Date of Receipt 06 / 26 / 2020
Transaction ID : A0AECEAFC997D45DC990
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. 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 ▼ 250.12

Date of Receipt 06 / 26 / 2020
Transaction ID : A82264444A85843A489A
 Amount of Each Receipt this Period 57.72
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	184.68
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 18
	<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. 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 ▼ 300.00

Date of Receipt 06 / 26 / 2020
Transaction ID : AC51F713242F348B5ADB
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

B. 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 ▼ 276.96

Date of Receipt 06 / 26 / 2020
Transaction ID : A65F9C0888C6440F7AD4
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$20.00/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 ▼ 269.36

Date of Receipt 06 / 26 / 2020
Transaction ID : AFED43F44D1D54A0D96F
 Amount of Each Receipt this Period 76.96
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	276.96
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 18
	<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. Goldberg, Albert, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1202 Valley Rd
 City Fruitland Park State FL Zip Code 34731-3416
 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 ▼ 269.36

Date of Receipt 06 / 26 / 2020
Transaction ID : A5750498F4D2B43F28A3
 Amount of Each Receipt this Period 76.96
 Memo Item
 Payroll Deduction: \$19.24/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 ▼ 269.36

Date of Receipt 06 / 26 / 2020
Transaction ID : A62D766C94C48486F80E
 Amount of Each Receipt this Period 76.96
 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 ▼ 280.00

Date of Receipt 06 / 26 / 2020
Transaction ID : A159AF35D1F80403D924
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	233.92
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 18
	<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. 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
 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 ▼ 250.12

Date of Receipt 06 / 26 / 2020
Transaction ID : AA726851210F241B3822
 Amount of Each Receipt this Period 57.72
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

B. 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 ▼ 269.36

Date of Receipt 06 / 26 / 2020
Transaction ID : A7ECBD44E5EB9444E979
 Amount of Each Receipt this Period 76.96
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

C. 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 ▼ 269.36

Date of Receipt 06 / 26 / 2020
Transaction ID : ADAAF2FC3771B4A658F3
 Amount of Each Receipt this Period 76.96
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	211.64
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 18
	<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. 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 ▼ 269.36

Date of Receipt 06 / 26 / 2020
Transaction ID : A610B5D1A0C714C499E5
 Amount of Each Receipt this Period 76.96
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

B. 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 ▼ 280.00

Date of Receipt 06 / 26 / 2020
Transaction ID : A87D3493314944484B86
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. 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 ▼ 221.25

Date of Receipt 06 / 26 / 2020
Transaction ID : A284E37C8DC864A1C9DB
 Amount of Each Receipt this Period 38.50
 Memo Item
 Payroll Deduction: \$19.25/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	195.46
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 18
<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. 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 ▼ 238.56

Date of Receipt 06 / 26 / 2020
Transaction ID : AACD8A5E646A048C1813
 Amount of Each Receipt this Period 57.72
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

B. Monroe, Donald, A, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4923 Cedarhurst Rd
 City Toledo State OH Zip Code 43613-3028
 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 ▼ 350.00

Date of Receipt 06 / 26 / 2020
Transaction ID : A837057259AF243F88E0
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. 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 ▼ 350.00

Date of Receipt 06 / 26 / 2020
Transaction ID : A59CD3A0496354572A11
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	407.72
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 12 OF 18
<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. 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 ▼ 280.00

Date of Receipt 06 / 26 / 2020
Transaction ID : A7184CAC23EB84D409D5
 Amount of Each Receipt this Period 80.00
 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 ▼ 350.00

Date of Receipt 06 / 26 / 2020
Transaction ID : A4477136C5F544320AC6
 Amount of Each Receipt this Period 175.00
 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 ▼ 269.36

Date of Receipt 06 / 26 / 2020
Transaction ID : AA14A1A1DC58C4FAC8B3
 Amount of Each Receipt this Period 76.96
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	331.96
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 18
	<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. Qualls, Andrew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1545 Edenbridge Dr
 City Windsor State CO Zip Code 80550-2858
 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 ▼ 269.36

Date of Receipt 06 / 26 / 2020
Transaction ID : A77A38F4605064D44895
 Amount of Each Receipt this Period 76.96
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

B. 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 ▼ 280.00

Date of Receipt 06 / 26 / 2020
Transaction ID : A955BAD412AD2475BF6
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. 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 ▼ 250.12

Date of Receipt 06 / 26 / 2020
Transaction ID : A07F6C57F8DCC4824B54
 Amount of Each Receipt this Period 57.72
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	214.68
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 18
	<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 ▼ 280.00

Date of Receipt 06 / 26 / 2020
Transaction ID : ABAD1E12D801B48E9AEE
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. 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
 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 ▼ 269.36

Date of Receipt 06 / 26 / 2020
Transaction ID : A592DFB5CF0594DA7820
 Amount of Each Receipt this Period 76.96
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

C. 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 ▼ 269.36

Date of Receipt 06 / 26 / 2020
Transaction ID : AF0A96AC6621E4C54B98
 Amount of Each Receipt this Period 76.96
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	233.92
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 18
<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. 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 ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2020

Transaction ID : A33D405CC328A4A0B9CB

Amount of Each Receipt this Period
76.96

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 ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2020

Transaction ID : ABE31BED80D0F408A991

Amount of Each Receipt this Period
400.00

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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2020

Transaction ID : AE5F8A505A767492ABA1

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional).....	556.96
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 18
<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. 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 ▼ 269.36

Date of Receipt 06 / 26 / 2020
Transaction ID : A32DF237B35254467B00
 Amount of Each Receipt this Period 76.96
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

B. 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 ▼ 280.00

Date of Receipt 06 / 26 / 2020
Transaction ID : A0225FBAF3C4B4019AFA
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Wojciak, David, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 446.16

Date of Receipt 06 / 26 / 2020
Transaction ID : A42B5A9220AAE47EF802
 Amount of Each Receipt this Period 280.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	436.96
TOTAL This Period (last page this line number only).....	3284.86

**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
04 / 01 / 2020

FEC Identification Number: C

Transaction ID : B82F0F2AFD

Amount of Each Disbursement this Period: 5.00

Memo Item

B. 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
05 / 01 / 2020

FEC Identification Number: C

Transaction ID : BD9D46E6F7,

Amount of Each Disbursement this Period: 5.00

Memo Item

C. 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
06 / 01 / 2020

FEC Identification Number: C

Transaction ID : B014A82EB0

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	15.00

**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

Full Name (Last, First, Middle Initial) A. CATHY MCMORRIS RODGERS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y Y Y 05 / 20 / 2020	
Mailing Address c/o The Elevated Group 410 1st Street SE, Suite 310			
City Washington	State DC	Zip Code 20003-1866	
Purpose of Disbursement Contribution to Committee		FEC Identification Number C C00390476 Transaction ID : B32F370A06f	
Candidate Name Cathy, Mcmorris, Rodgers, ,		Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WA District: 05	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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