

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 ▼** C C00653477 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2020 through 03 / 31 / 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 04 / 08 / 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.....	69639.32	
(c) Total Receipts (from Line 19)	16353.02	16353.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	85992.34	85992.34
7. Total Disbursements (from Line 31).....	15.00	15.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	85977.34	85977.34
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: / / 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).....	9100.00	9100.00
(ii) Unitemized	7253.02	7253.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16353.02	16353.02
(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)	16353.02	16353.02
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)).....▶	16353.02	16353.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16353.02	16353.02

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

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)	16353.02	16353.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16353.02	16353.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15.00	15.00
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	15.00

**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 10
<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. Bachelder, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8000 E Birwood Rd
 City Tucson State AZ Zip Code 85750-2811
 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 03 / 06 / 2020
Transaction ID : ACC7A5B1253DD4A55B9E
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Bower, Stephen, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8227 Collier Rd
 City Powell State TN Zip Code 37849-3316
 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 ▼ 500.00

Date of Receipt 03 / 06 / 2020
Transaction ID : AB102D25CE3454342B18
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Chitwood, Noah, Robert, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 W Louisiana Ave
 City Tampa State FL Zip Code 33603-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Head of Business Process Impro
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 06 / 2020
Transaction ID : AF23DF52C362742E3894
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2050.00
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 10
<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. Dellaposta, Robert, Stanly, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4626 Christman Rd
 City Akron State OH Zip Code 44319-4506
 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 ▼ 300.00

Date of Receipt 03 / 06 / 2020
Transaction ID : A25EA6573360543DFAAC
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Domenico, Anthony, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 Holly St
 City Laguna Beach State CA Zip Code 92651-1747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) VP, Senior
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2020
Transaction ID : A9AADC0FD9EB6459E86C
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Felter, Ellison, A, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Burgess Rd
 City Mangham State LA Zip Code 71259-5520
 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 ▼ 500.00

Date of Receipt 03 / 06 / 2020
Transaction ID : A683B956DF17E42D4B33
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 10
	<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. Markovic, Sreten, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 274 Jamie Loop
 City Roseburg State OR Zip Code 97471-4613
 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 ▼ 500.00

Date of Receipt 03 / 06 / 2020
Transaction ID : AFD5222ED8E3B454EBD8
 Amount of Each Receipt this Period 500.00
 Memo Item

B. McCarthy, Gregory, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1735 N Old Coachman Rd
 City Clearwater State FL Zip Code 33765-1601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 06 / 2020
Transaction ID : A6888B9A31E424BCFA11
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Potter, Michael, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 186 Heron Oaks
 City Rockport State TX Zip Code 78382-4330
 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 ▼ 750.00

Date of Receipt 03 / 06 / 2020
Transaction ID : A67CA6B83E2AE4FAB8AE
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 9 OF 10
	(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. Teufel, Crispin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Bay Plz
 City Treasure Island State FL Zip Code 33706-3412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2020
Transaction ID : A776E82245271483C929
 Amount of Each Receipt this Period
 2000.00
 Memo Item

B. Trimble, Tracy, Nicole, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 Placer St
 City Redlands State CA Zip Code 92374-3849
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2020
Transaction ID : AD18B83178D0B4ED7BAE
 Amount of Each Receipt this Period
 500.00
 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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	9100.00

**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 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: 01 / 03 / 2020

FEC Identification Number: C

Transaction ID : B26937006A

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: 02 / 02 / 2020

FEC Identification Number: C

Transaction ID : B34D4D0F1E

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: 03 / 02 / 2020

FEC Identification Number: C

Transaction ID : B2578C57F1

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