

**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
REPORTNEW
(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

M M M / D D D / 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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2019

through

M M M / D D D / Y Y Y Y Y Y
12 31 2019

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

M M M / D D D / Y Y Y Y Y Y
01 24 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.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2019		46381.56
(b) Cash on Hand at Beginning of Reporting Period.....	57938.60	
(c) Total Receipts (from Line 19)	13730.72	30818.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71669.32	77199.60
7. Total Disbursements (from Line 31).....	2030.00	7560.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	69639.32	69639.32
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	9		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	9		

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).....	13181.02	23663.42
(ii) Unitemized	549.70	7154.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13730.72	30818.04
(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)	13730.72	30818.04
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))	13730.72	30818.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13730.72	30818.04

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	30.00	60.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	30.00	60.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	7500.00
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)) ..	2030.00	7560.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2030.00	7560.28

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)	13730.72	30818.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13730.72	30818.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	30.00	60.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	30.00	60.28

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 33

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Abbott, Brian, D., ,

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A8BC13A36382648B180C

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

B. Anderson, Maxx, R., ,

Mailing Address 43676 E Paul Lake Dr

City
Perham

State
MN

Zip Code
56573-8619

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A2B6CE2212FC14C39944

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

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

C. Boling, Edward, L., ,

Mailing Address 4523 Dove Park Blvd

City
Louisville

State
KY

Zip Code
40299-8343

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 ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2019

Transaction ID : A0DAB6C94E4C141AE9B2

Amount of Each Receipt this Period

69.24

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

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

419.46

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Burnsed, Sean, J, ,

Mailing Address 12363 Eagle Chase Way

City

New Port Richey

State

FL

Zip Code

34655-0034

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A29654B1FC22F4374986

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

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

B. Butkevitch, Peter, H, ,

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AAF7F7E98C49940778CA

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

C. BUTLER, MITCHELL, L., ,

Mailing Address 2325 Cougar Ave

City

Cody

State

WY

Zip Code

82414-5444

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AEFB24660080E49E9AD1

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶

450.32

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: PAGE 8 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Capella, Pamela, M, ,

Mailing Address 100 Windfall Ct

City
Cary

State
NC

Zip Code
27518-9029

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A8D5016191576449EAC1

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

B. Chipps, Nicole, Patricia, ,

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A85958B51B35B439D8EA

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

C. Corley, Becky, Linn, ,

Mailing Address 6835A Red Oak Dr
A

City
Theodore

State
AL

Zip Code
36582-5129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lincare

Occupation (for Individual)
Manager, EMR & E-Referral

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A1CDB25DA511443F4920

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶

400.14

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 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. DeBord, Charissa, Anne, ,

Mailing Address 8957 Antigua Dr
Apt 6105

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A21E09F53BF324C58881

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

B. Dodd, Timothy, Michael, ,

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)

Category Manager, Proc F&L

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AADEC0A3F0DD74FD0A71

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

C. Ellis, Amy, D, ,

Mailing Address 1101 Current Ct

City

Liberty

State

MO

Zip Code

64068-8446

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A075E52A315AB4C53826

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶

400.14

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 10 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Gabriel, Annette, D, ,

Mailing Address 215 Amberglow Pl

City
Cary

State
NC

Zip Code
27513-5347

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : ABAC785723AC7457D8E3

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

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

B. Gangemi, Deborah, A, ,

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A30ED254F036F4382970

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

C. Garcia, Andrea, Carolina, ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A78BBFAA415394470B47

Amount of Each Receipt this Period

130.00

☐ Memo Item

Payroll Deduction: \$10.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶

480.22

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 11 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Garner, William, J, ,

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A919B1603592643C5B28

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

B. Garrett, Joel, Todd, ,

Mailing Address 3337 N Quay Dr

City
Columbus

State
GA

Zip Code
31909-3614

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 ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AF2F50AC80D014B02AAD

Amount of Each Receipt this Period

104.00

☐ Memo Item

Payroll Deduction: \$8.00/Bi-Monthly

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

C. Goldberg, Albert, O, ,

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AAFB59A78889C452F97C

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

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

604.24

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 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Guiette, Jamie, L, ,

Mailing Address 9529 Oakley Rd

City
Saint CharlesState
MIZip Code
48655-9527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LincareOccupation (for Individual)
Manager, Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A1502E56FB07F4CB3BC8

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

B. Hagner, Glenda, S, ,

Mailing Address PO Box 3453

City
CamdentonState
MOZip Code
65020-3453FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LincareOccupation (for Individual)
Manager, District

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AD5505009624B4D94865

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

C. Jackson, Bridgette, Ann, ,

Mailing Address 204 Pine St

City
LathropState
MOZip Code
64465-9755FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LincareOccupation (for Individual)
NATL Director, O2 Support Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A869948129F0C40F2B44

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶

500.24

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 13 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Jarvis, Dawn, E, ,

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A51EE7E54CE1345508F7

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Monthly

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

B. Jones, Brian, Edmund, ,

Mailing Address 179 Escoll Dr

City
East Stroudsburg

State
PA

Zip Code
18301-9364

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AC662CB407740442D864

Amount of Each Receipt this Period

156.00

☐ Memo Item

Payroll Deduction: \$12.00/Bi-Monthly

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

C. Jones, Jennifer, E, ,

Mailing Address 246 Wilmington Ave

City
Tonawanda

State
NY

Zip Code
14150-8726

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A9EC63B54FB524E849C5

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

516.10

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 33

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Jones, Jodi, Beth, ,

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AFEA0DE21A3AD4ABC88;

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

B. Kelley, Marie, Elizabeth, ,

Mailing Address 7221 W Potomac Dr

City
Boise

State
ID

Zip Code
83704-9150

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A859DFBEF3E84495D965

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

C. Kelley, Mark, A, ,

Mailing Address 5619 N Elm St

City
Spokane

State
WA

Zip Code
99205-6853

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A0E540CBE155645E1B66

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.24

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

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

FOR LINE NUMBER: PAGE 15 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Kielb, Frank, R, ,

Mailing Address 68 W 4th St

City
Oswego

State
NY

Zip Code
13126-1525

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A1EA4645B9B9640F5A3F

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

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

B. Larche, Tracy, Marie, ,

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : ADC74BC4C9A0843D8B47

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

C. Law, Melissa, Kaye, ,

Mailing Address 382 Old Dam Ln

City

Greenup

State

KY

Zip Code

41144-8024

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : ACB2FC52EAAFC4F6084C

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.22

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 33
(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"/> 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Layton, Roger, D, ,

Mailing Address 5220 Shasta Dr

City
JonesboroState
ARZip Code
72404-8985FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LincareOccupation (for Individual)
Manager, Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	13	2019

Transaction ID : A5FF57E5B650F472E8B8

Amount of Each Receipt this Period

230.88

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

B. Lewis, Hayley, L, ,

Mailing Address PO Box 64

City
SalinaState
UTZip Code
84654-0064FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LincareOccupation (for Individual)
Manager, Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	27	2019

Transaction ID : A72C39142839B4D85924

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

C. Lizotte, Dennis, P, ,

Mailing Address 9 Wildbrook Dr

City
BiddefordState
MEZip Code
04005-9740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LincareOccupation (for Individual)
Manager, Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	27	2019

Transaction ID : A2A5E0CF5CEE44FC8BE

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

731.12

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Mathes, Jennifer, A, ,

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, Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AA3979F92F4D046FB8E0

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

B. McBride, Doug, S, ,

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AA2CEF0DA95A14F5DB58

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

C. McGonagill, Catherine, , ,

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, MGNE CAR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A11EC7C160F7E4F858FB

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

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

660.14

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. McKenzie, Michael, M, ,

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A67821C7647894625823

Amount of Each Receipt this Period

156.00

☐ Memo Item

Payroll Deduction: \$12.00/Bi-Monthly

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

B. Midgyett, Christopher, Wayne, ,

Mailing Address 801 E Armour Blvd
Apt 102

City
Kansas City

State
MO

Zip Code
64109-2347

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lincare

Occupation (for Individual)
Manager, Regional Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2019

Transaction ID : A87F8CEDFFA9B47E6892

Amount of Each Receipt this Period

80.78

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

C. Mohammed, Shiraz, , ,

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : ABBB452DF523E434F8B9

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶

386.80

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 19 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Monroe, Donald, A, , Jr

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AC30009DD552A4967BE4

Amount of Each Receipt this Period

325.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Monthly

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

B. Moore, Jon, Matthew, ,

Mailing Address 5501 Lee Ave

City
Little Rock

State
AR

Zip Code
72205-3439

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A36B058D915C444FF8AA

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

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

C. Moore, Joni, L, ,

Mailing Address 20414 N Felspar Rd

City
Deer Park

State
WA

Zip Code
99006-9761

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AB4315848103E448AB85

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

525.20

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 20 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Moore, Monica, Joy, ,

Mailing Address 606 Windy Meadows Ln

City
Frankford

State
WV

Zip Code
24938-7210

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AA7311B1948C64941A6C

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

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

B. Narramore, Crystal, R, ,

Mailing Address PO Box 382

City
Mayking

State
KY

Zip Code
41837-0382

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A7E3B14CD06EC47B79CA

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

C. Newbeck, Patrick, E, ,

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A6ED99D8C25794684A2C

Amount of Each Receipt this Period

325.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

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

575.12

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Patterson, Marcus, T, ,

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 ▼

276.96

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2019

Transaction ID : AEAD67E3C4E024D9DAD6

Amount of Each Receipt this Period

126.94

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

B. Payne, Mary, J, ,

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A1575EAFD571E4C64A66

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Monthly

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

C. Pedersen, Jennifer, L, ,

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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A6AFF8DD5BF414A45A00

Amount of Each Receipt this Period

325.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

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

711.94

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

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

FOR LINE NUMBER: PAGE 22 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Perry, Kellie, Rosser, ,

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A8A225EED0D9F4255A14

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

B. Peterson, Shelli, M, ,

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A5746139B49124CDEA73

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

C. Powers, Rena, , ,

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 ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A1F60351ABFE440E69B8

Amount of Each Receipt this Period

156.00

☐ Memo Item

Payroll Deduction: \$12.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

556.14

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 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Qualls, Andrew, D, ,

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A2B249D983DB64FC7A4A

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

B. Reynolds, William, P, ,

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A08E1C761E79E472082D

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Monthly

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

C. Ries, Lisa, Jo, ,

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AEEED4C1D98DB45E3802

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

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

760.24

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

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

FOR LINE NUMBER: PAGE 24 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Roberts, Rhett, Golden, ,

Mailing Address 3054 Clemans Rd

City
Clarkston

State
WA

Zip Code
99403-9716

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A2A510AD3B33C4C0E96F

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

B. Rosenthal, Daniel, G, ,

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A494047C6AEFD49EBA2B

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Monthly

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

c. Schulenberg, Dorothy, R, ,

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A1DF3607E40764FD1AE5

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

510.12

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Scott, Robert, , ,

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 ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AE93FFAB72BD8471EB4B

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

B. Seager, Brett, J, ,

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A7511CC123F854D8B9D1

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

C. Soldano, Kendale, L, ,

Mailing Address 50 Coachman Dr S

City
Freehold

State
NJ

Zip Code
07728-3122

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AC708EF6260B34067AA5

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

600.34

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Soldner, Daniel, C, ,

Mailing Address 122 Tail Feather Ln
Apt B

City
Bozeman

State
MT

Zip Code
59718-8640

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 ▼

461.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2019

Transaction ID : A0A41A7E612364A44BE2

Amount of Each Receipt this Period

211.64

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

B. Sweet, Mary, Bridget, ,

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 ▼

500.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : ADC5B2049841B44C2A89

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

C. Takacs, Tanja, L, ,

Mailing Address 1040 Featherwood Ave

City
Henderson

State
NV

Zip Code
89015-6949

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 ▼

200.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A7C1E727F1B094FA98DB

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶

561.86

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Thompson, Stacy, Leigh, ,

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)
VP, National Billing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A3291F24EB71A4ECE84C

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Monthly

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

B. Tomasik, Boguslaw, , ,

Mailing Address 1587 Sand Hollow Ln

City

Palm Harbor

State

FL

Zip Code

34683-4839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lincare

Occupation (for Individual)
Application Developer 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A722187250BE5477791D

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

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

C. Tournay, Rebecca, Christine, ,

Mailing Address 15309 333rd Ave

City

Hull

State

IL

Zip Code

62343-3505

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A73FAEC84D0CF419086D

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

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

460.20

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

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

FOR LINE NUMBER: PAGE 28 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Tripp, Paul, , ,

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : ABD4E3553B19749A6B3E

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Monthly

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

B. Turman, James, K, ,

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : AF27D4AC67AD24660A4C

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

C. White, Maureen, K., ,

Mailing Address 46 Tampa Dr

City
Buffalo

State
NY

Zip Code
14220-2519

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A822B37C97AF44B48995

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

510.12

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 33
(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"/> 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. Willis, Larry, , ,

Mailing Address 795 Wild Rd

City
MonticelloState
GAZip Code
31064-4023FEC 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 ▼

500.24

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	27	2019

Transaction ID : A3BD3BFD6EDA144A989C

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

B. Wilson, Tammy, S, ,

Mailing Address 1240 Pinecrest Dr

City
Rock HillState
SCZip Code
29732-8061FEC 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 ▼

520.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	27	2019

Transaction ID : A5F25EEF68B26400A92D

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Monthly

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

C. Wissler, Michael, D, ,

Mailing Address 105 Pinehurst Rd

City
BerlinState
MDZip Code
21811-1620FEC 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 ▼

200.20

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	27	2019

Transaction ID : A7B6923CF70664C2AA94

Amount of Each Receipt this Period

100.10

☐ Memo Item

Payroll Deduction: \$7.70/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

610.22

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 30 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

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

A. 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)
Sr Manager, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A31506CD21B0C471CAC7

Amount of Each Receipt this Period

150.02

☐ Memo Item

Payroll Deduction: \$11.54/Bi-Monthly

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

B. Woods, Russell, Everett, ,

Mailing Address 8471 Highway 51 S

City
Hernando

State
MS

Zip Code
38632-8645

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A3AC095F9AFFE048FF8A5

Amount of Each Receipt this Period

250.12

☐ Memo Item

Payroll Deduction: \$19.24/Bi-Monthly

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

C.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

400.14

13181.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 33

<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

Full Name (Last, First, Middle Initial)

A. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2019

Mailing Address 1099 New York Ave NW
Ste 100City
WashingtonState
DCZip Code
20001-4452Purpose of Disbursement
Bank Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : B9D238CC4E**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2019

Mailing Address 1099 New York Ave NW
Ste 100City
WashingtonState
DCZip Code
20001-4452Purpose of Disbursement
Bank Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : BDC888D410I**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2019

Mailing Address 1099 New York Ave NW
Ste 100City
WashingtonState
DCZip Code
20001-4452Purpose of Disbursement
Bank Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : B7F892BD2C**

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)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 33

<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

Full Name (Last, First, Middle Initial)

A. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2019

Mailing Address 1099 New York Ave NW
Ste 100City
WashingtonState
DCZip Code
20001-4452Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : B4CE722415/**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2019

Mailing Address 1099 New York Ave NW
Ste 100City
WashingtonState
DCZip Code
20001-4452Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : B4044CEA6E**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2019

Mailing Address 1099 New York Ave NW
Ste 100City
WashingtonState
DCZip Code
20001-4452Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : B9901FEEC8**

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).....▶

30.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 33

<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. DONNA SHALALA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2019

Mailing Address 219 PENNSYLVANIA AVE SE
3RD FLOORCity
WashingtonState
DCZip Code
20003-1107Purpose of Disbursement
Contribution to Committee

Candidate Name

Shalala, Donna, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 27

Category/
Type

FEC Identification Number

C C00672311**Transaction ID : B866DEC9A9**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WENSTRUP FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2019

Mailing Address 1006 Pendleton St

City
AlexandriaState
VAZip Code
22314-1837Purpose of Disbursement
Contribution to Committee

Candidate Name

Wenstrup, Brad, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify)

State: OH District: 02

Category/
Type

FEC Identification Number

C C00497818**Transaction ID : B13A2EE92B**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2000.00

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

2000.00