

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**

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 / / 07 01 2017 through / / 12 31 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Crisp, Donald, R, ,**

Signature of Treasurer **Crisp, Donald, R, ,** [Electronically Filed] Date / / 01 31 2018

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="2017"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="0.00"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="18079.86"/> | <input type="text" value="18079.86"/> |
| (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="18079.86"/> | <input type="text" value="18079.86"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="17.00"/> | <input type="text" value="17.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="18062.86"/> | <input type="text" value="18062.86"/> |
| 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

Write or Type Committee Name

LINCARE HOLDINGS, INC. EMPLOYEE ACTION FUND

Report Covering the Period: From: 07 / 01 / 2017 To: 12 / 31 / 2017

| 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)..... | 12550.00 | 12550.00 |
| (ii) Unitemized | 5529.86 | 5529.86 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 18079.86 | 18079.86 |
| (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) | 18079.86 | 18079.86 |
| 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)).....▶ | 18079.86 | 18079.86 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 18079.86 | 18079.86 |

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 | 17.00 | 17.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 17.00 | 17.00 |
| 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)) .. | 17.00 | 17.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17.00 | 17.00 |

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) | 18079.86 | 18079.86 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 18079.86 | 18079.86 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 17.00 | 17.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 17.00 | 17.00 |

**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 14 |
| <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. Adua, Richard, William, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 396 Opening Hill Rd
 City Madison State CT Zip Code 06443-1944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) SVP, Payor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2017
Transaction ID : A464A591AAD094D16BF2
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bach, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Pheasant Ridge Ln
 City Fontana State WI Zip Code 53125-1489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Divisional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 29 / 2017
Transaction ID : AC56B6E967A534AAA8A9
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Bliven, Ivan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1135
 City Sanbornville State NH Zip Code 03872-1135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Area Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2017
Transaction ID : A54B23CB3FC5940929D4
 Amount of Each Receipt this Period 300.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1100.00 |
| 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 14 |
| | <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. 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) R/Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2017
Transaction ID : A926562E08AB6499DA7A
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Brochetti, Mark, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3005 Marmore Ave
 City Parma State OH Zip Code 44134-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) D/Mgr 2
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2017
Transaction ID : A9FD266D86AC34860AA8
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Carlson, Brandon, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3840 Southlake Dr SE
 City Lacey State WA Zip Code 98503-3953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Area Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2017
Transaction ID : AF545F12486314D15A6E
 Amount of Each Receipt this Period 300.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1600.00 |
| 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 14 |
| | <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. 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 ▼ 500.00

Date of Receipt 12 / 15 / 2017
Transaction ID : A6884B62ACF3347FD8EA
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Combs, Jeremy, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10405 Lee Blvd
 City Leawood State KS Zip Code 66206-2666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Director, Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2017
Transaction ID : AF8813D6E1FFE4354B10
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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) R/Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 29 / 2017
Transaction ID : AF2E4E96FC0B74996A98
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 9 OF 14 |
| | <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. 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) R/Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 15 / 2017
Transaction ID : AC39B95DE10794FB2BE0
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Hauser, Robert, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 N George St Apt 24
 City York State PA Zip Code 17401-1115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Divisional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2017
Transaction ID : A79E8A36D9C624BD3B2F
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Leighton, Laura, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 265 Creek Rd
 City Jamestown State NY Zip Code 14701-9526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Area Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2017
Transaction ID : A78B9022FBBE94F3987E
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2250.00 |
| 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 10 OF 14 |
| <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. morrison, David, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 S Handy Rd
 City Bloomington State IN Zip Code 47401-9562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) R/Mgr 2
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2017
Transaction ID : A4BA0FFC0A93B49A7B53
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Parker, Jill, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1524 Cooks Xing
 City Tyler State TX Zip Code 75703-5162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) R/Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 29 / 2017
Transaction ID : AD8F4A505B1F3428EBCE
 Amount of Each Receipt this Period 1000.00
 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) VP, Divisional
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2017
Transaction ID : ABFB4FBC34DF5422A901
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 11 OF 14 |
| <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. Ratna, Gyanesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2855 Gulf To Bay Blvd
 Apt 6209
 City Clearwater State FL Zip Code 33759-4038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Head of Operational Initiative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2017
Transaction ID : AB0CAEBEEBD6B4176A3!
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rouse, John, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Lakeway Ter
 City Spring Hill State TN Zip Code 37174-7552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) Vice President, Billing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2017
Transaction ID : AEA11BBF6860F4124B34
 Amount of Each Receipt this Period 300.00
 Memo Item

C. 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) Area Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2017
Transaction ID : AD2F29E0B8CB5418987C
 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 12 OF 14 |
| | <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. Stephens, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 580 Lorenwood Dr
 City Hermitage State PA Zip Code 16148-8802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) R/Mgr 2
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2017
Transaction ID : A280691DCD6954BDFA33
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Traylor, Robert, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 S Timberlake Dr
 City Lynchburg State VA Zip Code 24502-6886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincare Occupation (for Individual) R/Mgr 2
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2017
Transaction ID : A0EC357FCA5374909BBE
 Amount of Each Receipt this Period 500.00
 Memo Item

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 ▼ 500.00

Date of Receipt 12 / 15 / 2017
Transaction ID : A06B76DE4968945D4A8E
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 13 OF 14 |
| | <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 |

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

Mailing Address 1646 Jeannette PI NW

| | | |
|---------------------------|-------------|------------------------|
| City Bainbridge Island | State WA | Zip Code 98110-1655 |
|---------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Lincare | Occupation (for Individual) R/Mgr 2 |
|--|--|

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 |
| 12 | / | 15 | / | 2017 |

Transaction ID : A061D0524382C4CB9821

Amount of Each Receipt this Period
500.00

Memo Item

B. Warren, William, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 County Road 7010

| | | |
|---------------|-------------|------------------------|
| City Wynne | State AR | Zip Code 72396-8470 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Lincare | Occupation (for Individual) R/Mgr 1 |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 15 | / | 2017 |

Transaction ID : A8EE93068044F4EC5870

Amount of Each Receipt this Period
300.00

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)..... | 800.00 |
| TOTAL This Period (last page this line number only)..... | 12550.00 |

