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

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ 26220 ENTERPRISE COURT

☐ Check if different than previously reported. (ACC)

CITY ▲ LAKE FOREST STATE ▲ CA ZIP CODE ▲ 92630 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00240218

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☒ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM 06 / DD 07 / YYYY 2016 in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM 04 / DD 01 / YYYY 2016 through MM 05 / DD 18 / YYYY 2016

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 RAOUL SMYTH

Signature of Treasurer *RAOUL SMYTH* ***[Electronically Filed]*** Date MM 05 / DD 26 / YYYY 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 / 01 / 2016 To: 05 / 18 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		195468.65
(b) Cash on Hand at Beginning of Reporting Period	182083.65	
(c) Total Receipts (from Line 19)	2210.00	5825.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	184293.65	201293.65
7. Total Disbursements (from Line 31)	117500.00	134500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66793.65	66793.65
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0	

☒ 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. 06/2004)

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 / 01 / 2016 To: 05 / 18 / 2016

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)	1140.00	1765.00
(ii) Unitemized	1070.00	4060.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	2210.00	5825.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	2210.00	5825.00
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	2210.00	5825.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	2210.00	5825.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	5000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0	5000.00
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	117500.00	129500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	117500.00	134500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	117500.00	134500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	2210.00	5825.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2210.00	5825.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0	5000.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0	5000.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F3XN**
Transaction ID :

Election on June 7, 2016 in the States of California, Iowa, New Mexico and South Dakota

Form/Schedule:
Transaction ID:

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Mark A Centolella
Mailing Address: 8304 Codys Cors
City: Cicero | State: NY | Zip Code: 13039-7921
FEC ID number of contributing federal political committee: C
Name of Employer: Apria Healthcare | Occupation: VP Region
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 350.00
Date of Receipt: 05 / 13 / 2016
Transaction ID : 513-P22705
Amount of Each Receipt this Period: 140.00
[ ] Memo Item
Payroll Deduction
($35.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial): Theresa A Noble
Mailing Address: 41427 N Laurel Valley Way
City: Anthem | State: AZ | Zip Code: 85086-1281
FEC ID number of contributing federal political committee: C
Name of Employer: Apria Healthcare | Occupation: Regional VP Sales
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 350.00
Date of Receipt: 05 / 13 / 2016
Transaction ID : 513-P22708
Amount of Each Receipt this Period: 140.00
[ ] Memo Item
Payroll Deduction
($35.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial): Kimberlie K Rogers-Bowers
Mailing Address: 1200 Gulf Blvd., #806
City: Clearwater | State: FL | Zip Code: 33767
FEC ID number of contributing federal political committee: C
Name of Employer: Apria Healthcare | Occupation: Sr VP Reg Affairs & Acq I
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 05 / 13 / 2016
Transaction ID : 513-P22710
Amount of Each Receipt this Period: 50.00
[ ] Memo Item
Payroll Deduction
($25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 330.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Garrett Y Saito
Mailing Address: 28 Flintstone
City: Aliso Viejo | State: CA | Zip Code: 92656-1919
FEC ID number of contributing federal political committee: C
Name of Employer: Apria Healthcare | Occupation: Market Leader
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 05 / 13 / 2016
Transaction ID : 513-P22711
Amount of Each Receipt this Period: 50.00
[ ] Memo Item
Payroll Deduction
($25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial): Raoul Smyth
Mailing Address: 11 Ensueno E
City: Irvine | State: CA | Zip Code: 92620-1844
FEC ID number of contributing federal political committee: C
Name of Employer: Apria Healthcare | Occupation: EVP, General Counsel
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 05 / 13 / 2016
Transaction ID : 513-P22712
Amount of Each Receipt this Period: 140.00
[ ] Memo Item
Payroll Deduction
($35.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial): Gregory A Tewell
Mailing Address: 213 N Willow Springs Rd
City: Orange | State: CA | Zip Code: 92869-4534
FEC ID number of contributing federal political committee: C
Name of Employer: Apria Healthcare | Occupation: VP Business Systems
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 05 / 13 / 2016
Transaction ID : 513-P22713
Amount of Each Receipt this Period: 120.00
[ ] Memo Item
Payroll Deduction
($30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 310.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): Andrew Cameron Thompson
Mailing Address: 20 Westchester Ct
City: Prosper State: TX Zip Code: 75078
FEC ID number of contributing federal political committee: C
Name of Employer: Apria Healthcare
Occupation: EVP Zone West
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 05 / 13 / 2016
Transaction ID : 513-P22714
Amount of Each Receipt this Period: 300.00
[ ] Memo Item
Payroll Deduction
($75.00 Bi-Weekly)

B.
Full Name (Last, First, Middle Initial): Deanna P Thompson
Mailing Address: 177 Montalvo Rd
City: Redwood City State: CA Zip Code: 94062-3820
FEC ID number of contributing federal political committee: C
Name of Employer: Apria Healthcare
Occupation: VP Strategic Relationships
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 13 / 2016
Transaction ID : 513-P22715
Amount of Each Receipt this Period: 200.00
[ ] Memo Item
Payroll Deduction
($50.00 Bi-Weekly)

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 1140.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): BILIRAKIS FOR CONGRESS (P)
Mailing Address: PO BOX 606
City: TARPON SPRINGS State: FL Zip Code: 34688
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: GUS MICHAEL BILIRAKIS
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 12
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 491
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): BILLY LONG FOR CONGRESS (P)
Mailing Address: 3246 E. RIDGEVIEW STREET
City: SPRINGFIELD State: MO Zip Code: 65804
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: BILLY LONG
Office Sought: ☒ House ☐ Senate ☐ President
State: MO District: 07
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 498
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): BOUSTANY FOR SENATE INC (P)
Mailing Address: PO BOX 80126
City: LAFAYETTE State: LA Zip Code: 70598
Purpose of Disbursement: Contribution to Senate candidate
Category/Type: 011
Candidate Name: CHARLES W JR BOUSTANY
Office Sought: ☐ House ☒ Senate ☐ President
State: LA District: 00
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 495
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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 Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): BUTTERFIELD FOR CONGRESS (P)
Mailing Address: PO BOX 2571
City: WILSON State: NC Zip Code: 27894
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: G. K. BUTTERFIELD
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 01
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 500
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): CATHY MCMORRIS RODGERS FOR CONGRESS (P)
Mailing Address: BOX 137
City: SPOKANE State: WA Zip Code: 99210
Purpose of Disbursement: Contributin to House candidate
Category/Type: 011
Candidate Name: CATHY MCMORRIS RODGERS
Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 05
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 497
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): CITIZENS FOR COCHRAN (P)
Mailing Address: PO BOX 7183
City: TUPELO State: MS Zip Code: 38802
Purpose of Disbursement: Contribution to Senate candidate
Category/Type: 011
Candidate Name: THAD COCHRAN
Office Sought: ☐ House ☒ Senate ☐ President
State: MS District: 00
Disbursement For: 2020 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 27 / 2016
Transaction ID : 481
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

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 Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): CITIZENS FOR RUSH (P)
Mailing Address: P. O. BOX 7292
City: CHICAGO State: IL Zip Code: 60680
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: BOBBY L RUSH
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 01
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 507
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): CLARKE FOR CONGRESS (P)
Mailing Address: 111-36 200TH. STREET
City: HOLLIS State: NY Zip Code: 11412
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: YVETTE D CLARKE
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 09
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 503
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): COLLINS FOR CONGRESS (P)
Mailing Address: PO BOX 386
City: CLARENCE State: NY Zip Code: 14031
Purpose of Disbursement: Contribution to House Candidate
Category/Type: 011
Candidate Name: CHRISTOPHER CARL COLLINS
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 27
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 27 / 2016
Transaction ID : 471
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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 Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): COLLINS FOR CONGRESS (P)
Mailing Address: PO BOX 386
City: CLARENCE State: NY Zip Code: 14031
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: CHRISTOPHER CARL COLLINS
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 27
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 487
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): COMMITTEE TO RE-ELECT LINDA SANCHEZ (P)
Mailing Address: 50 E ST, SE
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: LINDA SANCHEZ
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 38
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 506
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): CRAMER FOR CONGRESS (P)
Mailing Address: PO BOX 396
City: BISMARCK State: ND Zip Code: 58502
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: KEVIN CRAMER
Office Sought: ☒ House ☐ Senate ☐ President
State: ND District: 00
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 486
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

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 Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): CROWLEY FOR CONGRESS (P)
Mailing Address: 84-56 GRAND AVENUE
City: ELMHURST State: NY Zip Code: 11373
Purpose of Disbursement: Contribution to House Candidate
Category/Type: 011
Candidate Name: JOSEPH CROWLEY
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 14
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 27 / 2016
Transaction ID : 476
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): DIANA DEGETTE FOR CONGRESS (P)
Mailing Address: P.O. BOX 61337
City: DENVER State: CO Zip Code: 80206
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: DIANA L. DEGETTE
Office Sought: ☒ House ☐ Senate ☐ President
State: CO District: 01
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 509
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): DIANE BLACK FOR CONGRESS (P)
Mailing Address: PO BOX 1437
City: GALLATIN State: TN Zip Code: 37066
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: DIANE L MRS. BLACK
Office Sought: ☒ House ☐ Senate ☐ President
State: TN District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 496
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

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 Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): DUCKWORTH FOR CONGRESS (P)
Mailing Address: P.O. BOX 59568
City: SCHAUMBURG State: IL Zip Code: 60159
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: L. TAMMY DUCKWORTH
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 08
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 508
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): ENGEL FOR CONGRESS (P)
Mailing Address: 462 CALIFORNIA ROAD
City: BRONXVILLE State: NY Zip Code: 10708
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: ELIOT L ENGEL
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 16
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 501
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): GENE GREEN CONGRESSIONAL CAMPAIGN (P)
Mailing Address: PO BOX 16128
City: HOUSTON State: TX Zip Code: 77222
Purpose of Disbursement: Contribution to House Candidate
Category/Type: 011
Candidate Name: RAYMOND E. 'GENE' GREEN
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 29
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 04 / 27 / 2016
Transaction ID : 470
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

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 Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): GREGG HARPER FOR CONGRESS (P)
Mailing Address: POST OFFICE BOX 54344
City: PEARL State: MS Zip Code: 39288
Purpose of Disbursement: Contribution to House Candidate
Category/Type: 011
Candidate Name: GREGG HARPER
Office Sought: ☒ House ☐ Senate ☐ President
State: MS District: 03
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 04 / 28 / 2016
Transaction ID : 473
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): GREGG HARPER FOR CONGRESS (P)
Mailing Address: POST OFFICE BOX 54344
City: PEARL State: MS Zip Code: 39288
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: GREGG HARPER
Office Sought: ☒ House ☐ Senate ☐ President
State: MS District: 03
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 492
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): GUTHRIE FOR CONGRESS (P)
Mailing Address: PO BOX 9639
City: BOWLING GREEN State: KY Zip Code: 42102
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: S. BRETT HON. GUTHRIE
Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 02
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 488
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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 Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): HATCH ELECTION COMMITTEE INC (P)
Mailing Address: PO BOX 900427
City: SANDY State: UT Zip Code: 84090
Purpose of Disbursement: Contribution to Senate candidate
Category/Type: 011
Candidate Name: ORRIN G HATCH
Office Sought: ☐ House ☒ Senate ☐ President
State: UT District: 00
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 27 / 2016
Transaction ID : 477
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): HOYER'S MAJORITY FUND
Mailing Address: 700 13TH STREET NW SUITE 600
City: WASHINGTON State: DC Zip Code: 20005
Purpose of Disbursement: Contribution to candidate & PAC -50% ea.
Category/Type: 011
Candidate Name: STENY HAMILTON HOYER
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 05
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 04 / 29 / 2016
Transaction ID : 475
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): JOE KENNEDY FOR CONGRESS (P)
Mailing Address: PO BOX 590464
City: NEWTON State: MA Zip Code: 02459
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: JOSEPH P III KENNEDY
Office Sought: ☒ House ☐ Senate ☐ President
State: MA District: 04
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 510
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 12500.00

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 Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): KENNY MARCHANT FOR CONGRESS (P)
Mailing Address: PO BOX 110187
City: CARROLLTON State: TX Zip Code: 75011
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: KENNY E MR. MARCHANT
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 24
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 494
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): KIND FOR CONGRESS COMMITTEE (P)
Mailing Address: 205 5TH AVENUE SOUTH
City: LA CROSSE State: WI Zip Code: 54601
Purpose of Disbursement: Contribution to candidate
Category/Type: 011
Candidate Name: RON KIND
Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 505
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): KRISTI FOR CONGRESS (P)
Mailing Address: PO BOX 852
City: SIOUX FALLS State: SD Zip Code: 57101
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: KRISTI LYNN NOEM
Office Sought: ☒ House ☐ Senate ☐ President
State: SD District: 00
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 485
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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 Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KURT SCHRADER FOR CONGRESS (P)

Mailing Address PO BOX 3314

City: OREGON CITY State: OR Zip Code: 97045

Purpose of Disbursement: Contribution to House Candidate

Category/Type: 011

Candidate Name: KURT SCHRADER

Office Sought: ☒ House ☐ Senate ☐ President

State: OR District: 05

Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 28 / 2016

Transaction ID : 472

Amount of Each Disbursement this Period: 5000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
LOEBSACK FOR CONGRESS (P)

Mailing Address PO BOX 3013

City: IOWA CITY State: IA Zip Code: 52244

Purpose of Disbursement: Contribution to House candidate

Category/Type: 011

Candidate Name: DAVID WAYNE LOEBSACK

Office Sought: ☒ House ☐ Senate ☐ President

State: IA District: 02

Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 10 / 2016

Transaction ID : 512

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
MARSHA BLACKBURN FOR CONGRESS, INC. (P)

Mailing Address PO BOX 3750

City: BRENTWOOD State: TN Zip Code: 37024

Purpose of Disbursement: Contribution to House candidate

Category/Type: 011

Candidate Name: MARSHA MRS. BLACKBURN

Office Sought: ☒ House ☐ Senate ☐ President

State: TN District: 07

Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 07 / 2016

Transaction ID : 484

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

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 Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): MICHAEL BURGESS FOR CONGRESS (P)
Mailing Address: PO BOX 2334
City: DENTON State: TX Zip Code: 76202
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: MICHAEL C. DR. BURGESS
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 26
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 493
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): MIKE THOMPSON FOR CONGRESS (P)
Mailing Address: 5429 MADISON AVENUE
City: SACRAMENTO State: CA Zip Code: 95841
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: MIKE MR. THOMPSON
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 05
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 504
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): PAUL TONKO FOR CONGRESS (P)
Mailing Address: 911 CENTRAL AVENUE
City: ALBANY State: NY Zip Code: 12206
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: PAUL DAVID TONKO
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 20
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 502
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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 Page

FOR LINE NUMBER: (check only one)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): PEOPLE FOR BEN (P)
Mailing Address: PO BOX 31129
City: SANTA FE State: NM Zip Code: 87594
Purpose of Disbursement: Contribution to House Candidate
Category/Type: 011
Candidate Name: BEN LUJAN
Office Sought: ☒ House ☐ Senate ☐ President
State: NM District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 28 / 2016
Transaction ID : 474
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): PORTMAN FOR SENATE COMMITTEE (P)
Mailing Address: 9856 ARCHER LANE
City: DUBLIN State: OH Zip Code: 43017
Purpose of Disbursement: Contribution to Senate Candidate
Category/Type: 011
Candidate Name: ROB PORTMAN
Office Sought: ☐ House ☒ Senate ☐ President
State: OH District: 00
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 04 / 26 / 2016
Transaction ID : 469
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): RENEE ELLMERS FOR CONGRESS COMMITTEE (P)
Mailing Address: P.O. BOX 904
City: DUNN State: NC Zip Code: 28335
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: RENEE JACISIN ELLMERS
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 02
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 489
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

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 Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): SENATE VICTORY PAC
Mailing Address: 161 ST ANTHONY AVE SUITE 902
City: ST PAUL State: MN Zip Code: 55103
Purpose of Disbursement: Contribution to PAC
Category/Type: 011
Candidate Name: SENATE VICTORY PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 499
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): THOROUGHBRED PAC
Mailing Address: PO BOX 65116
City: WASHINGTON State: DC Zip Code: 20035
Purpose of Disbursement: Contribution to PAC
Category/Type: 011
Candidate Name: THOROUGHBRED PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 09 / 2016
Transaction ID : 511
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): TIM MURPHY FOR CONGRESS (P)
Mailing Address: PO BOX 24551
City: PTTSBURGH State: PA Zip Code: 15234
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: TIM MURPHY
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 18
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 490
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

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 Page

FOR LINE NUMBER: (check only one)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): VOLUNTEERS FOR SHIMKUS (P)
Mailing Address: PO BOX 661
City: COLLINSVILLE State: IL Zip Code: 62234
Purpose of Disbursement: Contribution to House candidate
Category/Type: 011
Candidate Name: JOHN M SHIMKUS
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 15
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 07 / 2016
Transaction ID : 483
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 117500.00