



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

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="2012"/>		119138.65
(b) Cash on Hand at Beginning of Reporting Period.....	138861.15	
(c) Total Receipts (from Line 19) .....	11115.00	36407.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	149976.15	155546.15
7. Total Disbursements (from Line 31).....	9000.00	14570.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	140976.15	140976.15
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	9330.00	21600.00
(ii) Unitemized .....	1785.00	14807.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11115.00	36407.50
(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) .....	11115.00	36407.50
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))..... ▶	11115.00	36407.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11115.00	36407.50

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	14500.00
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	70.00
(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	70.00
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)) ..	9000.00	14570.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	14570.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	11115.00	36407.50
34. Total Contribution Refunds (from Line 28(d)) .....	0	70.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11115.00	36337.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

**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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Robert Allen</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012
Mailing Address 7893 S Argonne Ct		<b>Transaction ID : 335-P17170</b>
City Centennial	State CO	Zip Code 80016-1803
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer Coram, Inc.	Occupation EVP, Operations	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	(\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Rochelle Arini-Moza</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012
Mailing Address 20063 Balmoral Dr		<b>Transaction ID : 335-P17172</b>
City Macomb	State MI	Zip Code 48044-2847
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 90.00	
Name of Employer Apria Healthcare	Occupation Area Operations Manager	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	(\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Thomas J. Barron</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012
Mailing Address 48 Summit Ave		<b>Transaction ID : 335-P17174</b>
City Quincy	State MA	Zip Code 02170-3701
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Apria Healthcare	Occupation Divison VP Sales	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	(\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	840.00
<b>TOTAL</b> 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 7 OF 23  
(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)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

**A. Doreen R Bellucci**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Brigmore Aisle  
City Irvine State CA Zip Code 92603-5720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Apria Healthcare Occupation VP, Associate General Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **665.00**

Date of Receipt **09 / 21 / 2012**  
**Transaction ID : 335-P17176**  
Amount of Each Receipt this Period **210.00**  
Payroll Deduction **(\$35.00 Bi-Weekly)**

**B. Donna S Blake**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14107 Pembroke St  
City Leawood State KS Zip Code 66224-4553  
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 ▼ **285.00**

Date of Receipt **09 / 21 / 2012**  
**Transaction ID : 335-P17177**  
Amount of Each Receipt this Period **90.00**  
Payroll Deduction **(\$15.00 Bi-Weekly)**

**C. James C Bowers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 256 Aerie Ct  
City Roseville State CA Zip Code 95661-4063  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Apria Healthcare Occupation Market Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 21 / 2012**  
**Transaction ID : 335-P17179**  
Amount of Each Receipt this Period **120.00**  
Payroll Deduction **(\$20.00 Bi-Weekly)**

**SUBTOTAL** of Receipts This Page (optional)..... **420.00**  
**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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Mark A Centolella</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012
Mailing Address 8304 Codys Cors		<b>Transaction ID : 335-P17184</b>
City Cicero	State NY	Zip Code 13039-7921
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer Apria Healthcare	Occupation Area VP Ops	Payroll Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

Full Name (Last, First, Middle Initial) <b>B. Danny R. Claycomb</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012
Mailing Address 6301 Shea PI		<b>Transaction ID : 335-P17185</b>
City Highlands Ranch	State CO	Zip Code 80130-8026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer Coram, Inc.	Occupation SVP, IV Billing	Payroll Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) <b>C. Kirby Combs</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012
Mailing Address 320 Urbano Dr		<b>Transaction ID : 335-P17186</b>
City San Francisco	State CA	Zip Code 94127-2869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer Apria Healthcare	Occupation VP National Accounts	Payroll Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 23
<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)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

**A. Kenneth A. Common**  
Full Name (Last, First, Middle Initial)

Mailing Address 1238 N Raymond Ave

City Fullerton State CA Zip Code 92831-2048

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

Name of Employer Apria Healthcare Occupation VP Real Estate Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt **09 / 21 / 2012**

**Transaction ID : 335-P17187**

Amount of Each Receipt this Period **210.00**

Payroll Deduction **(\$35.00 Bi-Weekly)**

**B. Karen Cultrera**  
Full Name (Last, First, Middle Initial)

Mailing Address 66 Kendall Hill Rd

City Mont Vernon State NH Zip Code 03057-1902

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

Name of Employer Apria Healthcare Occupation Branch Infusion Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **08 / 24 / 2012**

**Transaction ID : 333-P17025**

Amount of Each Receipt this Period **60.00**

Payroll Deduction **(\$15.00 Bi-Weekly)**

**C. Michael K Dwyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 W State St

City Burlington State WI Zip Code 53105-1736

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

Name of Employer Apria Healthcare Occupation Area Operations Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 21 / 2012**

**Transaction ID : 335-P17190**

Amount of Each Receipt this Period **90.00**

Payroll Deduction **(\$15.00 Bi-Weekly)**

**SUBTOTAL** of Receipts This Page (optional)..... **360.00**

**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 23
<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)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Stephen L Foreman</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17193</b>
Mailing Address 21 Sea Grape Rd		Amount of Each Receipt this Period 120.00
City Ladera Ranch	State CA	Zip Code 92694-1315
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation Division VP Ancillary Business	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. Matthew J Gallagher</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17194</b>
Mailing Address 5 Safeguard Pl		Amount of Each Receipt this Period 150.00
City Irvine	State CA	Zip Code 92602-0757
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation VP Sales Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa M Getson</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17196</b>
Mailing Address 24806 Oxford Dr		Amount of Each Receipt this Period 450.00
City Laguna Niguel	State CA	Zip Code 92677-8870
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation Exec VP Govt Rel/Invst Re	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	720.00
<b>TOTAL</b> 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 23
<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)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Steven D Gradwell</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17197</b>
Mailing Address 1549 W Saltsage Dr		Amount of Each Receipt this Period 150.00
City Phoenix	State AZ	Zip Code 85045-1706
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Area VP Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Michael A Graves</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17198</b>
Mailing Address 7430 Lombardi Dr		Amount of Each Receipt this Period 120.00
City Plainfield	State IN	Zip Code 46168-2804
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Dir, Enteral Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel E. Greenleaf</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17199</b>
Mailing Address 4550 E Perry Pkwy		Amount of Each Receipt this Period 210.00
City Greenwood Village	State CO	Zip Code 80121-2199
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$35.00 Bi-Weekly)
Name of Employer Coram, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.00
<b>TOTAL</b> 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 12 OF 23  
(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)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

**A. Dwayne A Hargis**  
Full Name (Last, First, Middle Initial)

Mailing Address 926 Ironwood Trl

City Greenwood	State IN	Zip Code 46143-3042
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FEC ID number of contributing federal political committee. **C**

Name of Employer Apria Healthcare	Occupation Area VP Ops
--------------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **855.00**

Date of Receipt: **09 / 21 / 2012**  
**Transaction ID : 335-P17201**

Amount of Each Receipt this Period: **270.00**

Payroll Deduction: **(\$45.00 Bi-Weekly)**

**B. Paul L Heuvel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1513 Via Tulipan

City San Clemente	State CA	Zip Code 92673-3714
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FEC ID number of contributing federal political committee. **C**

Name of Employer Apria Healthcare	Occupation VP Customer Care Center
--------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt: **08 / 10 / 2012**  
**Transaction ID : 332-P16922**

Amount of Each Receipt this Period: **120.00**

Payroll Deduction: **(\$40.00 Bi-Weekly)**

**C. Robert S Holcombe**  
Full Name (Last, First, Middle Initial)

Mailing Address 38 Oakbrook

City Coto de Caza	State CA	Zip Code 92679-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer Apria Healthcare	Occupation Exec VP General Counsel
--------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1425.00**

Date of Receipt: **09 / 21 / 2012**  
**Transaction ID : 335-P17203**

Amount of Each Receipt this Period: **450.00**

Payroll Deduction: **(\$75.00 Bi-Weekly)**

**SUBTOTAL** of Receipts This Page (optional)..... **840.00**

**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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Shari A. Jeter</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012
Mailing Address 9867 W Berry Dr		<b>Transaction ID : 335-P17205</b>
City Littleton	State CO	Zip Code 80123-7405
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00	
Name of Employer Apria Healthcare	Occupation Contacts Center Mgr	Payroll Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher A. Karkenny</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012
Mailing Address 732 The Strand		<b>Transaction ID : 335-P17207</b>
City Hermosa Beach	State CA	Zip Code 90254-4457
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Apria Healthcare	Occupation EVP, CFO	Payroll Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>C. Jerome D Lafontaine</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012
Mailing Address 8445 S Newcombe St		<b>Transaction ID : 335-P17210</b>
City Littleton	State CO	Zip Code 80127-4260
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Apria Healthcare	Occupation Area VP Ops	Payroll Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.00
<b>TOTAL</b> 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 23
	<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)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Melissa Leone</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17212</b>
Mailing Address 150 Bear Path Rd		Amount of Each Receipt this Period 120.00
City Hamden	State CT	Zip Code 06514-1329
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Director Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey R. Lyons</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17213</b>
Mailing Address 11205 W 125th Ter		Amount of Each Receipt this Period 150.00
City Overland Park	State KS	Zip Code 66213-2134
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Area VP Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. Michael F. McGrath</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17216</b>
Mailing Address 1209 Reggio Aisle		Amount of Each Receipt this Period 120.00
City Irvine	State CA	Zip Code 92606-0855
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Dir. Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Mary K. McHugh</b>			Date of Receipt MM / DD / YYYY 09 / 21 / 2012
Mailing Address 1011 Ashwood Ln			<b>Transaction ID : 335-P17217</b>
City Medina	State OH	Zip Code 44256-1263	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Bi-Weekly)		
Name of Employer Coram, Inc.	Occupation RVP, Infusion Sales	Aggregate Year-to-Date 380.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Michael L McKinney</b>			Date of Receipt MM / DD / YYYY 09 / 21 / 2012
Mailing Address 209 Nunzia Ct			<b>Transaction ID : 335-P17218</b>
City Roseville	State CA	Zip Code 95661-3979	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Bi-Weekly)		
Name of Employer Apria Healthcare	Occupation Division VP Ops	Aggregate Year-to-Date 950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. George G. Meadows</b>			Date of Receipt MM / DD / YYYY 09 / 21 / 2012
Mailing Address 1319 Forest Trails Dr			<b>Transaction ID : 335-P17219</b>
City Castle Rock	State CO	Zip Code 80108-8284	Amount of Each Receipt this Period 180.00
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Bi-Weekly)		
Name of Employer Coram, Inc.	Occupation Sr. VP, Managed Markets	Aggregate Year-to-Date 570.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Dean W. Milligan</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17221</b>
Mailing Address 521 Andalusian Rd		Amount of Each Receipt this Period 360.00
City Schwenksville	State PA	Zip Code 19473-1882
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$60.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation Division VP Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00	

Full Name (Last, First, Middle Initial) <b>B. Norman C. Payson</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17226</b>
Mailing Address 453 Beech Hill Rd		Amount of Each Receipt this Period 300.00
City Hopkinton	State NH	Zip Code 03229-2674
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>C. Steven E. Pharr</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17227</b>
Mailing Address 2408 Silverstone Ln		Amount of Each Receipt this Period 300.00
City McKinney	State TX	Zip Code 75070-5520
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Bi-Weekly)	
Name of Employer Coram, Inc.	Occupation RVP, Infusion Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	960.00
<b>TOTAL</b> 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 17 OF 23
	<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)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Kimberlie K Rogers-Bowers</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17230</b>
Mailing Address 91 E Chevalier Ct		Amount of Each Receipt this Period 150.00
City Eighty Four	State PA	Zip Code 15330-2691
FEC ID number of contributing federal political committee. C	Name of Employer Apria Healthcare	Occupation Sr VP Reg Affairs & Acq I
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	Payroll Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Garrett Y Saito</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17231</b>
Mailing Address 28 Flintstone		Amount of Each Receipt this Period 150.00
City Aliso Viejo	State CA	Zip Code 92656-1919
FEC ID number of contributing federal political committee. C	Name of Employer Apria Healthcare	Occupation VP Logistics
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	Payroll Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Tami Salley</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17232</b>
Mailing Address 304 Oak Ridge Dr		Amount of Each Receipt this Period 360.00
City Venetia	State PA	Zip Code 15367-1160
FEC ID number of contributing federal political committee. C	Name of Employer Apria Healthcare	Occupation Division VP Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00	Payroll Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	660.00
<b>TOTAL</b> 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 18 OF 23  
(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)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Richard H. Scholl</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17233</b>
Mailing Address 7 Slater Dr		Amount of Each Receipt this Period 120.00
City Stony Point	State NY	Zip Code 10980-1907
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation Division Respiratory Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. David C Sears</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17234</b>
Mailing Address 119 Cobham Lane Roa		Amount of Each Receipt this Period 120.00
City Cabot	State PA	Zip Code 16023
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation Area VP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. David L. Slack</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17236</b>
Mailing Address 17076 Birds Eye Dr		Amount of Each Receipt this Period 120.00
City Perris	State CA	Zip Code 92570-7376
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation VP, Network	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> 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 19 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Raoul Smyth</b>			Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17238</b>
Mailing Address 11 Ensueno E			Amount of Each Receipt this Period 210.00
City Irvine	State CA	Zip Code 92620-1844	Payroll Deduction (\$35.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 665.00	
Name of Employer Apria Healthcare	Occupation VP, Associate General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Gregory A Tewell</b>			Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17160</b>
Mailing Address 213 N Willow Springs Rd			Amount of Each Receipt this Period 180.00
City Orange	State CA	Zip Code 92869-4534	Payroll Deduction (\$30.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 570.00	
Name of Employer Apria Healthcare	Occupation VP Business Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Andrew Cameron Thompson</b>			Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17161</b>
Mailing Address 20 Westchester Ct			Amount of Each Receipt this Period 450.00
City Coto de Caza	State CA	Zip Code 92679-4956	Payroll Deduction (\$75.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1425.00	
Name of Employer Apria Healthcare	Occupation Exec VP Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	840.00
<b>TOTAL</b> 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 20 OF 23
<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)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Deanna P Thompson</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17162</b>
Mailing Address 177 Montalvo Rd		Amount of Each Receipt this Period 300.00
City Redwood City	State CA	Zip Code 94062-3820
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Division VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>B. Andrew Wagner</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17164</b>
Mailing Address 670 Carson Ct		Amount of Each Receipt this Period 90.00
City Carmel	State IN	Zip Code 46033-9744
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$15.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Branch Manager 2	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C. Julie Williams</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : 335-P17166</b>
Mailing Address 643 Big Oak Ct		Amount of Each Receipt this Period 150.00
City Rockwall	State TX	Zip Code 75087-2260
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Coram, Inc.	Occupation Director, Ambulatory Infctve	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<b>TOTAL</b> 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 21 OF 23  
(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)  
**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Mary F. Zega**

Mailing Address 10346 Alveston St

City State Zip Code  
Orland Park IL 60462-3072

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

Name of Employer Occupation  
Coram, Inc. SVP, Infusion Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**475.00**

Date of Receipt  
**09 / 21 / 2012**

**Transaction ID : 335-P17167**

Amount of Each Receipt this Period  
**150.00**

Payroll Deduction  
**(\$25.00 Bi-Weekly)**

**B.** 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

Amount of Each Receipt this Period

**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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>9330.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial)

**A. CASTOR FOR CONGRESS (P)**

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
Contribution to House Candidate

011

Candidate Name

**KATHY CASTOR**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

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

**Transaction ID : 341**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. MCCONNELL SENATE COMMITTEE '14 (P)**

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement  
Contribution to Senate Candidate

011

Candidate Name

**MITCH MCCONNELL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	2

**Transaction ID : 337**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. PAT ROBERTS FOR CONGRESS (P)**

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement  
Contribution to Senate Candidate

011

Candidate Name

**PAT ROBERTS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

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

**Transaction ID : 339**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC**

Full Name (Last, First, Middle Initial)

**A. PIONEER PAC**

Mailing Address 10 WEST BROADWAY SUITE 500

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
Contribution to PAC

011

Candidate Name

**PIONEER PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	2

**Transaction ID : 336**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. ROSKAM FOR CONGRESS COMMITTEE (P)**

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement  
Contribution to House Candidate

011

Candidate Name

**PETER ROSKAM**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

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

**Transaction ID : 340**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. TIM MURPHY FOR CONGRESS (P)**

Mailing Address PO BOX 24551

City PTTSBURGH State PA Zip Code 15234

Purpose of Disbursement  
Contribution to House Candidate

011

Candidate Name

**TIM MURPHY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	2

**Transaction ID : 338**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

9	0	0	0	0	0	0	0	0	0
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