

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

ADDRESS (number and street) 26220 ENTERPRISE COURT LAKE FOREST CA 92630

2. FEC IDENTIFICATION NUMBER C00240218 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 01 01 2011 through 06 30 2011

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 Electronically Filed by RAOUL SMYTH Date 07 28 2011

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		100563.65
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	100563.65									
(c) Total Receipts (from Line 19) .....	28785.00	28785.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	129348.65	129348.65								
7. Total Disbursements (from Line 31) .....	26500.00	26500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	102848.65	102848.65								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	13525.00	13525.00
(ii) Unitemized .....	15260.00	15260.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	28785.00	28785.00
(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) .....	28785.00	28785.00
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 Transfer (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)) .....	28785.00	28785.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28785.00	28785.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	25500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	26500.00	26500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26500.00	26500.00

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) .....	28785.00	28785.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28785.00	28785.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 28  
(check only one)  
 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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert Allen  
 Mailing Address 7893 S Argonne Ct  
 City State Zip Code  
 Centennial CO 80016-1803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coram, Inc. EVP, Operations  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00  
 Date of Receipt: 06 / 17 / 2011  
**Transaction ID:** 282-P14009  
 Amount of Each Receipt this Period: 1000.00  
 Payroll Deduction: (\$100.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Thomas J. Barron  
 Mailing Address 48 Summit Ave  
 City State Zip Code  
 Quincy MA 02170-3701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Apria Healthcare Divison VP Sales  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
 Date of Receipt: 06 / 17 / 2011  
**Transaction ID:** 282-P14005  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction: (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Robin Barton  
 Mailing Address 23082 Mullin Rd  
 City State Zip Code  
 Lake Forest CA 92630-2827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Apria Healthcare Exec VP, Revenue Mgmt  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00  
 Date of Receipt: 06 / 17 / 2011  
**Transaction ID:** 282-P13926  
 Amount of Each Receipt this Period: 750.00  
 Payroll Deduction: (\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1850.00  
**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 / 28
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Doreen R Bellucci		Date of Receipt
	Mailing Address 2 Brigmore Aisle		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Irvine	CA	92603-5720
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation VP, Associate General Counsel	Transaction ID: 282-P13927
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>	Amount of Each Receipt this Period <input type="text" value="245.00"/>
			Payroll Deduction (\$35.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) James C Bowers		Date of Receipt
	Mailing Address 256 Aerie Ct		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Roseville	CA	95661-4063
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation Market Manager	Transaction ID: 282-P13929
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			Payroll Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark A Centolella		Date of Receipt
	Mailing Address 8304 Codys Cors		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Cicero	NY	13039-7921
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation Area VP Ops	Transaction ID: 282-P13931
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>	Amount of Each Receipt this Period <input type="text" value="245.00"/>
			Payroll Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="530.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Danny R. Claycomb

Mailing Address 6301 Shea Pl

City State Zip Code  
Highlands Ranch CO 80130-8026

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Coram, Inc. SVP, IV Billing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 17 / 2011  
**Transaction ID:** 282-P14019

Amount of Each Receipt this Period 180.00

Payroll Deduction (\$30.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Kirby Combs

Mailing Address 320 Urbano Dr

City State Zip Code  
San Francisco CA 94127-2869

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Apria Healthcare VP National Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 17 / 2011  
**Transaction ID:** 282-P13932

Amount of Each Receipt this Period 245.00

Payroll Deduction (\$35.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
William F. Comer

Mailing Address 8350 SW Sexton Mountain Ct

City State Zip Code  
Beaverton OR 97008-7476

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Coram, Inc. VP, Federal Health Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 17 / 2011  
**Transaction ID:** 282-P14008

Amount of Each Receipt this Period 180.00

Payroll Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... 605.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 28  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kenneth A. Common</p> <p>Mailing Address 1238 N Raymond Ave</p> <p>City Fullerton State CA Zip Code 92831-2048</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Apria Healthcare Occupation VP Real Estate Services</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">420.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">6</td> <td></td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">7</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> </tr> </table> </p> <p><b>Transaction ID:</b> 282-P14006</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">245.00</span></p> <p>Payroll Deduction                  (\$35.00 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	1	1												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Howard Derman</p> <p>Mailing Address 1 Faith</p> <p>City Irvine State CA Zip Code 92612-3253</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Apria Healthcare Occupation EVP, Human Resources</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">420.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">6</td> <td></td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">7</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> </tr> </table> </p> <p><b>Transaction ID:</b> 282-P14020</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">245.00</span></p> <p>Payroll Deduction                  (\$35.00 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	1	1												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Carl M. Fink</p> <p>Mailing Address 12005 Starview Ct</p> <p>City Potomac State MD Zip Code 20854-2858</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Coram, Inc. Occupation VP, Outcome &amp; Analytics</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">6</td> <td></td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">7</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> </tr> </table> </p> <p><b>Transaction ID:</b> 282-P14021</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">40.00</span></p> <p>Payroll Deduction                  (\$20.00 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	1	1												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">530.00</span>
<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 10 / 28
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen L Foreman	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 5 Hempstead St	<b>Transaction ID:</b> 282-P13934
	City State Zip Code Ladera Ranch CA 92694-0229	Amount of Each Receipt this Period 40.00
	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 ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew J Gallagher	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 5 Safeguard Pl	<b>Transaction ID:</b> 282-P13935
	City State Zip Code Irvine CA 92602-0757	Amount of Each Receipt this Period 100.00
	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 ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lisa M Getson	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 24806 Oxford Dr	<b>Transaction ID:</b> 282-P13936
	City State Zip Code Laguna Niguel CA 92677-8870	Amount of Each Receipt this Period 750.00
	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 ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	890.00
<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 11 / 28  
(check only one)  
 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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.** Full Name (Last, First, Middle Initial)  
Steven D Gradwell  
 Mailing Address 1549 W Saltsage Dr  
 City State Zip Code  
 Phoenix AZ 85045-1706  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1  
**Transaction ID:** 282-P13937  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction  
 (\$25.00 Bi-Weekly)  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Apria Healthcare Area VP Ops  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
Michael A Graves  
 Mailing Address 7430 Lombardi Dr  
 City State Zip Code  
 Plainfield IN 46168-2804  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1  
**Transaction ID:** 282-P13938  
 Amount of Each Receipt this Period  
 40.00  
 Payroll Deduction  
 (\$20.00 Bi-Weekly)  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Apria Healthcare Dir, Enteral Operations  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel E. Greenleaf  
 Mailing Address 4550 E Perry Pkwy  
 City State Zip Code  
 Greenwood Village CO 80121-2199  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1  
**Transaction ID:** 282-P14022  
 Amount of Each Receipt this Period  
 245.00  
 Payroll Deduction  
 (\$35.00 Bi-Weekly)  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coram, Inc. President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 420.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 385.00  
**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 / 28
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dwayne A Hargis	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 926 Ironwood Trl	<b>Transaction ID:</b> 282-P13939
	City Greenwood State IN Zip Code 46143-3042	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$45.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation Area VP Ops	Aggregate Year-to-Date 540.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael E. Harper	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 69818 Camino Pacifico	<b>Transaction ID:</b> 282-P14010
	City Rancho Mirage State CA Zip Code 92270-1871	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation VP, Employee Relations	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul L Heuvel	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 15200 S. Lakeshore Drive, #235	<b>Transaction ID:</b> 282-P13940
	City Tempe State AZ Zip Code 98528	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$40.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation VP Customer Care Center	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>740.00</b>
<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 13 / 28  
(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)  
Robert S Holcombe

Mailing Address 38 Oakbrook

City State Zip Code  
Coto de Caza CA 92679-4742

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

Name of Employer Occupation  
Apria Healthcare Exec VP General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** 282-P13941

Amount of Each Receipt this Period  
750.00

Payroll Deduction  
(\$75.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Shari A. Jeter

Mailing Address 9867 W Berry Dr

City State Zip Code  
Littleton CO 80123-7405

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

Name of Employer Occupation  
Apria Healthcare Contacts Center Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** 282-P13982

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Christopher A. Karkenny

Mailing Address 732 The Strand

City State Zip Code  
Hermosa Beach CA 90254-4457

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

Name of Employer Occupation  
Apria Healthcare EVP, CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** 282-P14012

Amount of Each Receipt this Period  
400.00

Payroll Deduction  
(\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1190.00**

**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 14 / 28
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anthony R. Kilgore	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 3050 Henry Ln	<b>Transaction ID:</b> 282-P13984
	City State Zip Code Lake In The Hills IL 60156-6761	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 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 ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jerome D Lafontaine	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 8445 S Newcombe St	<b>Transaction ID:</b> 282-P13943
	City State Zip Code Littleton CO 80127-4260	Amount of Each Receipt this Period 100.00
	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 ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Melissa Leone	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 150 Bear Path Rd	<b>Transaction ID:</b> 282-P13987
	City State Zip Code Hamden CT 06514-1329	Amount of Each Receipt this Period 40.00
	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 ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	240.00
<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 15 / 28  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)  
Jeffrey R. Lyons  
 Mailing Address 11320 W 136th St Apt 416  
 City Overland Park State KS Zip Code 66221-8113  
 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 ▼ 225.00  
 Date of Receipt 06 / 17 / 2011  
**Transaction ID:** 282-P13988  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction (\$25.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Winborne T Macphail  
 Mailing Address 4406 Staghorn Ct  
 City Greensboro State NC Zip Code 27410-8285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Apria Healthcare Occupation Division VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00  
 Date of Receipt 06 / 17 / 2011  
**Transaction ID:** 282-P13944  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Michael F. McGrath  
 Mailing Address 1209 Reggio Aisle  
 City Irvine State CA Zip Code 92606-0855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Apria Healthcare Occupation Dir. Internal Audit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00  
 Date of Receipt 06 / 17 / 2011  
**Transaction ID:** 282-P13991  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 165.00  
**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 16 / 28
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary K. McHugh		Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 1011 Ashwood Ln		<b>Transaction ID:</b> 282-P14013
	City Medina	State OH	Zip Code 44256-1263
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Coram, Inc.	Occupation RVP, Infusion Sales	Payroll Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael L McKinney		Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 209 Nunzia Ct		<b>Transaction ID:</b> 282-P13945
	City Roseville	State CA	Zip Code 95661-3979
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
	Name of Employer Apria Healthcare	Occupation Division VP Ops	Payroll Deduction (\$50.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) George G. Meadows		Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 1319 Forest Trails Dr		<b>Transaction ID:</b> 282-P14026
	City Castle Rock	State CO	Zip Code 80108-8284
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 180.00
	Name of Employer Coram, Inc.	Occupation Sr. VP, Managed Markets	Payroll Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>620.00</b>
<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 17 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Dean W. Milligan  
Mailing Address 521 Andalusian Rd  
City State Zip Code  
Schwenksville PA 19473-1882  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Apria Healthcare Division VP Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 720.00  
Date of Receipt: 06 / 17 / 2011  
Transaction ID: 282-P13994  
Amount of Each Receipt this Period: 540.00  
Payroll Deduction: (\$60.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Dena R Parker  
Mailing Address 18 San Marco  
City State Zip Code  
Aliso Viejo CA 92656-5226  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Apria Healthcare Sr. VP, Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00  
Date of Receipt: 06 / 17 / 2011  
Transaction ID: 282-P13947  
Amount of Each Receipt this Period: 750.00  
Payroll Deduction: (\$75.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Norman C. Payson  
Mailing Address 453 Beech Hill Rd  
City State Zip Code  
Hopkinton NH 03229-2674  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Apria Healthcare Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt: 06 / 17 / 2011  
Transaction ID: 282-P14014  
Amount of Each Receipt this Period: 400.00  
Payroll Deduction: (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1690.00  
**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 18 / 28
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven E. Pharr	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 2408 Silverstone Ln	<b>Transaction ID:</b> 282-P14015
	City State Zip Code McKinney TX 75070-5520	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Polgardy	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 57 Pathstone	<b>Transaction ID:</b> 282-P13997
	City State Zip Code Irvine CA 92603-0171	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation VP, Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter C Racine	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 32 Las Pisasdas	<b>Transaction ID:</b> 282-P13949
	City State Zip Code Rancho Santa Marg CA 92688-4130	Amount of Each Receipt this Period 245.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$35.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation VP, Supply Chain Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>745.00</b>
<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 19 / 28  
(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)  
Kimberlie K Rogers-Bowers

Mailing Address 91 E Chevalier Ct

City State Zip Code  
Eighty Four PA 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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 17 / 2011  
Transaction ID: 282-P13950  
Amount of Each Receipt this Period: 100.00  
Payroll Deduction: (\$25.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Garrett Y Saito

Mailing Address 28 Flintstone

City State Zip Code  
Aliso Viejo CA 92656-1919

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

Name of Employer: Apria Healthcare  
Occupation: VP Logistics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 17 / 2011  
Transaction ID: 282-P13951  
Amount of Each Receipt this Period: 100.00  
Payroll Deduction: (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Tami Salley

Mailing Address 304 Oak Ridge Dr

City State Zip Code  
Venetia PA 15367-1160

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

Name of Employer: Apria Healthcare  
Occupation: Division VP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 06 / 17 / 2011  
Transaction ID: 282-P13952  
Amount of Each Receipt this Period: 540.00  
Payroll Deduction: (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 740.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 28  
(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)  
Scott M Sasserson

Mailing Address 13 Willowglade

City State Zip Code  
Trabuco Canyon CA 92679-3813

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

Name of Employer Occupation  
Apria Healthcare SVP, Customer Care Center

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** 282-P13953

Amount of Each Receipt this Period  
245.00

Payroll Deduction  
(\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Richard H. Scholl

Mailing Address 7 Slater Dr

City State Zip Code  
Stony Point NY 10980-1907

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

Name of Employer Occupation  
Apria Healthcare Division Respiratory Mgr.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** 282-P13999

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
David C Sears

Mailing Address 119 Cobham Lane Roa

City State Zip Code  
Cabot PA 16023

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

Name of Employer Occupation  
Apria Healthcare Area VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** 282-P13954

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David L. Slack		Date of Receipt
	Mailing Address 17076 Birds Eye Dr		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Perris	CA	92570-7376
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation VP, Network	<b>Transaction ID:</b> 282-P14001
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			Payroll Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Raoul Smyth		Date of Receipt
	Mailing Address 11 Ensueno E		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Irvine	CA	92620-1844
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation VP, Associate General Counsel	<b>Transaction ID:</b> 282-P13955
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>	Amount of Each Receipt this Period <input type="text" value="245.00"/>
			Payroll Deduction (\$35.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Gregory A Tewell		Date of Receipt
	Mailing Address 213 N Willow Springs Rd		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Orange	CA	92869-4534
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation VP Business Systems	<b>Transaction ID:</b> 282-P13957
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	Amount of Each Receipt this Period <input type="text" value="180.00"/>
			Payroll Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="465.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 22 / 28
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew Cameron Thompson		Date of Receipt
	Mailing Address 20 Westchester Ct		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Coto de Caza	CA	92679-4956
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation Exec VP Ops	<b>Transaction ID:</b> 282-P13958
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	Amount of Each Receipt this Period <input type="text" value="750.00"/>
			Payroll Deduction (\$75.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Deanna P Thompson		Date of Receipt
	Mailing Address 177 Montalvo Rd		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Redwood City	CA	94062-3820
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation Division VP Sales	<b>Transaction ID:</b> 282-P13959
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	Amount of Each Receipt this Period <input type="text" value="400.00"/>
			Payroll Deduction (\$50.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Barbara S Underwood		Date of Receipt
	Mailing Address 370 Oakwood Ct		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Palatine	IL	60067-7729
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation Division Customer Serv Mgr	<b>Transaction ID:</b> 282-P13960
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
 Scott R Van Hoose  
 Mailing Address 191 University Blvd # 817  
 City State Zip Code  
 Denver CO 80206-4613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Apria Healthcare Director, National Accounts  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 360.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1  
**Transaction ID: 282-P13961**  
 Amount of Each Receipt this Period  
 185.00  
 Payroll Deduction  
 (\$5.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
 Jay C Wendt  
 Mailing Address 4112 Church Hill Ln  
 City State Zip Code  
 Crystal Lake IL 60014-6522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Apria Healthcare Regional VP Ops  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 360.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1  
**Transaction ID: 282-P13964**  
 Amount of Each Receipt this Period  
 180.00  
 Payroll Deduction  
 (\$30.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
 Julie Williams  
 Mailing Address 9827 Donegal Dr  
 City State Zip Code  
 Dallas TX 75218-2808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coram, Inc. Director, Ambulatory Infctve  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1  
**Transaction ID: 282-P14024**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction  
 (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 465.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 28	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary F. Zega		Date of Receipt																					
	Mailing Address 10346 Alveston St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		1	7		2	0	1	1														
	City	State	Zip Code		<b>Transaction ID:</b> 282-P14016																			
	Orland Park	IL	60462-3072																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Coram, Inc.		Occupation SVP, Infusion Operations		<input type="text" value="100.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		Payroll Deduction																				
		<input type="text" value="300.00"/>		(\$25.00 Bi-Weekly)																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="13525.00"/>

**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)

PAGE 25 / 28

<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

A.	Full Name (Last, First, Middle Initial) <b>AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)</b> Mailing Address 2011 CRYSTAL DRIVE, STE 725 City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement Contribution to PAC Candidate Name AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 270 Date of Disbursement 03 / 09 / 2011 Amount of Each Disbursement this Period 5000.00 Category/Type 011
B.	Full Name (Last, First, Middle Initial) <b>BLUEGRASS COMMITTEE</b> Mailing Address 400 N CAPITOL ST NW #585 City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement Contribution to PAC Candidate Name BLUEGRASS COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 268 Date of Disbursement 01 / 07 / 2011 Amount of Each Disbursement this Period 2500.00 Category/Type 011
C.	Full Name (Last, First, Middle Initial) <b>BOB CASEY FOR SENATE INC</b> Mailing Address 607 14TH STREET NW SUITE 800 City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement Contribution to Senate Candidate Candidate Name ROBERT P JR CASEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 261 Date of Disbursement 03 / 09 / 2011 Amount of Each Disbursement this Period 2000.00 Category/Type 011

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

**9500.00**

**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)

<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

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: 265 Date of Disbursement 05 / 02 / 2011
	Mailing Address P.O. Box 1776	
	City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution to House candidate Candidate Name JASON ALTMIRE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

B.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Transaction ID: 264 Date of Disbursement 03 / 31 / 2011
	Mailing Address 5915 Eastman Avenue	
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution to House Candidate Candidate Name DAVID LEE CAMP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS	Transaction ID: 269 Date of Disbursement 03 / 09 / 2011
	Mailing Address PO BOX 775	
	City UNIONVILLE State PA Zip Code 19375	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution to House Candidate Candidate Name JOSEPH R. PITTS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> 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)

<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

A.	Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS	Transaction ID: 262 Date of Disbursement 03 / 09 / 2011
	Mailing Address PO Box 9639	Amount of Each Disbursement this Period 2000.00
	City Bowling Green State KY Zip Code 42102	
	Purpose of Disbursement Contribution to House Candidate Candidate Name S. BRETT GUTHRIE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	011 Category/Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE	Transaction ID: 260 Date of Disbursement 01 / 27 / 2011
	Mailing Address PO BOX 3241	Amount of Each Disbursement this Period 5000.00
	City CHEYENNE State WY Zip Code 82003	
	Purpose of Disbursement Contribution to PAC Candidate Name MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: 263 Date of Disbursement 03 / 10 / 2011
	Mailing Address PO BOX 2012	Amount of Each Disbursement this Period 1000.00
	City PORTLAND State ME Zip Code 04104	
	Purpose of Disbursement Contribution to Senate Candidate Candidate Name OLYMPIA J SNOWE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	011 Category/Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>25500.00</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)

PAGE 28 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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

A.

Full Name (Last, First, Middle Initial)

SCMESA PAC

Mailing Address PO Box 3284

City West Columbia State SC Zip Code 29171

Purpose of Disbursement  
Contribution to State PAC

Candidate Name  
SCMESA PAC

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 273

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Amount of Each Disbursement this Period

1000.00
---------

011  
Category/  
Type

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

1000.00

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

1000.00