

# 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

ADDRESS (number and street) 26220 ENTERPRISE COURT  
 Check if different than previously reported. (ACC)  
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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2007 through 06 30 2007

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 31 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td>6047.76</td></tr></table>	6047.76	<table border="1" style="width: 100%;"><tr><td>6047.76</td></tr></table>	6047.76
Y	Y	Y	Y									
2	0	0	7									
6047.76												
6047.76												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td>6047.76</td></tr></table>	6047.76										
6047.76												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td>27007.89</td></tr></table>	27007.89	<table border="1" style="width: 100%;"><tr><td>27007.89</td></tr></table>	27007.89								
27007.89												
27007.89												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td>33055.65</td></tr></table>	33055.65	<table border="1" style="width: 100%;"><tr><td>33055.65</td></tr></table>	33055.65								
33055.65												
33055.65												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td>30042.28</td></tr></table>	30042.28	<table border="1" style="width: 100%;"><tr><td>30042.28</td></tr></table>	30042.28								
30042.28												
30042.28												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td>3013.37</td></tr></table>	3013.37	<table border="1" style="width: 100%;"><tr><td>3013.37</td></tr></table>	3013.37								
3013.37												
3013.37												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	14541.18	14541.18
(i) Itemized (use Schedule A) .....	12446.10	12446.10
(ii) Unitemized .....	26987.28	26987.28
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	26987.28	26987.28
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.) .....	20.61	20.61
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)) .....	27007.89	27007.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27007.89	27007.89

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	42.28	42.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	42.28	42.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	29500.00
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.....	500.00	500.00
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))..	30042.28	30042.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	30042.28	30042.28

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	26987.28	26987.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26987.28	26987.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	42.28	42.28
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	42.28	42.28

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 30
	<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	

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**

<b>A.</b> Full Name (Last, First, Middle Initial) Robert G. Abood Mailing Address 2256 Mackenzie Ct City State Zip Code Clearwater FL 33765-2241 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 7-P419 Amount of Each Receipt this Period 200.00 Payroll Deduction (\$50.00 Bi-Weekly)
Name of Employer: Apria Healthcare Occupation: Sr. VP Acquisitions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Janet Azevedo Mailing Address 279 S Euclid Ave City State Zip Code Upland CA 91786-6640 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 1-P7 Amount of Each Receipt this Period 60.00 Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer: Apria Healthcare Occupation: VP Sales Infusion Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

<b>C.</b> 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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 1-P8 Amount of Each Receipt this Period 480.00 Payroll Deduction (\$75.00 Bi-Weekly)
Name of Employer: Apria Healthcare Occupation: Exec VP Revenue Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 660.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Doreen R Bellucci		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2 Brigmore Aisle		Transaction ID: 1-P9	
City Irvine	State CA	Amount of Each Receipt this Period 75.00	
Zip Code 92603-5720		Payroll Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer Apria Healthcare	Occupation VP Associate General Cou		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Francesco Bianchi		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 11 Starlight		Transaction ID: 1-P10	
City Irvine	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 92603-3721		Payroll Deduction (\$50.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer Apria Healthcare	Occupation Sr VP Human Resources		
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.</b> James C Bowers		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 8801 Water Song Cir		Transaction ID: 1-P12	
City Roseville	State CA	Amount of Each Receipt this Period 60.00	
Zip Code 95747-7176		Payroll Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer Apria Healthcare	Occupation Regional VP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	435.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<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

**A.** Full Name (Last, First, Middle Initial)  
Steven C Clark

Mailing Address 1430 Laleiah Dr

City State Zip Code  
Cumming GA 30041-9511

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

Name of Employer  
Apria Healthcare

Occupation  
Regional VP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID: 1-P17**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$25.00 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  
Apria Healthcare

Occupation  
VP National Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID: 1-P18**

Amount of Each Receipt this Period  
60.00

Payroll Deduction  
(\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
I. T. Corley

Mailing Address 646 Hedwig St

City State Zip Code  
Houston TX 77024-5311

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

Name of Employer  
Apria Healthcare

Occupation  
Non-Employee Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

**Transaction ID: 40**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1160.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 30
	<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

Full Name (Last, First, Middle Initial) <b>A. Deborah J Crimmins</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4 Blossom Hill Ct		<b>Transaction ID: 1-P19</b>	
City Rexford	State NY	Zip Code 12148-1531	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$25.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation VP Strat Bus Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Paul F Elkins</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 53 Raven Ln		<b>Transaction ID: 1-P24</b>	
City Aliso Viejo	State CA	Zip Code 92656-1886	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$20.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation VP IS Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00		

Full Name (Last, First, Middle Initial) <b>C. Stephen L Foreman</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5 Hempstead St		<b>Transaction ID: 1-P25</b>	
City Ladera Ranch	State CA	Zip Code 92694-0229	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$20.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation Regional VP Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>170.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 30
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Lisa M Getson		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24806 Oxford Dr		<b>Transaction ID:</b> 1-P27	
City Laguna Niguel	State CA	Zip Code 92677-8870	Amount of Each Receipt this Period _____ 325.00
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ _____ 525.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Anthony F Giambone		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7085 Ashley Dr		<b>Transaction ID:</b> 1-P28	
City Huntington Beach	State CA	Zip Code 92648-7001	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$50.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation Sr VP Enterprise Bus Sys		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David L Goldsmith		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 4 / 2 0 0 7	
Mailing Address 6 Monaray Terrace		<b>Transaction ID:</b> 15	
City Orinda	State CA	Zip Code 94563-9512	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Apria Healthcare Board	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1525.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 30
	<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

Full Name (Last, First, Middle Initial) <b>A. Steven D Gradwell</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 28637 NE 63rd Way		<b>Transaction ID: 1-P29</b>
City Carnation	State WA	Zip Code 98014-9512
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Apria Healthcare	Occupation Regional VP Ops	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	(\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. William Guidetti</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 14 Heather Ct		<b>Transaction ID: 1-P32</b>
City Columbus	State NJ	Zip Code 08022-1968
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Apria Healthcare	Occupation Regional VP Ops	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	(\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Dwayne A Hargis</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 926 Ironwood Trl		<b>Transaction ID: 1-P33</b>
City Greenwood	State IN	Zip Code 46143-3042
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 405.00
Name of Employer Apria Healthcare	Occupation Regional VP Ops	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	(\$45.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>505.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 30
	<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

Full Name (Last, First, Middle Initial) <b>A. Paul L Heuvel</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1513 Via Tulipan		Transaction ID: 1-P34	
City <b>San Clemente</b>	State <b>CA</b>	Zip Code <b>92673-3714</b>	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$40.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation VP Billing Center Operati		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. Lawrence Mead Higby</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 218 Via Lido Nord		Transaction ID: 1-P35	
City <b>Newport Beach</b>	State <b>CA</b>	Zip Code <b>92663-4608</b>	Amount of Each Receipt this Period 1280.80
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$153.85 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation Chief Exec Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1470.80		

Full Name (Last, First, Middle Initial) <b>C. Robert S Holcombe</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 38 Oakbrook		Transaction ID: 1-P36	
City <b>Coto de Caza</b>	State <b>CA</b>	Zip Code <b>92679-4742</b>	Amount of Each Receipt this Period 530.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$75.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation Exec VP General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1850.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 30
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> William J Ingram		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 13710 Falba Rd		<b>Transaction ID:</b> 1-P38	
City State Zip Code Houston TX 77070-3809	Amount of Each Receipt this Period _____ 55.38		
FEC ID number of contributing federal political committee. C _____	Payroll Deduction (\$18.46 Bi-Weekly)		
Name of Employer Apria Healthcare	Occupation Exec VP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 239.98		

Full Name (Last, First, Middle Initial) <b>B.</b> Dean Johnson		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 22 Southgate Dr		<b>Transaction ID:</b> 1-P40	
City State Zip Code The Woodlands TX 77380-2633	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 Sales		
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.</b> Chris Karkenny		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 652 10th St		<b>Transaction ID:</b> 39	
City State Zip Code Hermosa Beach CA 90254-3930	Amount of Each Receipt this Period _____ 1500.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Apria Healthcare	Occupation VP and CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1855.38</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 30
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Kevin D Kinsey		Date of Receipt M M / D D / Y Y Y Y Y _____ / _____ / _____	
Mailing Address 8314 City Lights Dr		<b>Transaction ID:</b> 1-P41	
City State Zip Code Aliso Viejo CA 92656-2663	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C _____	Payroll Deduction (\$20.00 Bi-Weekly)		
Name of Employer Apria Healthcare	Occupation VP Enterprise Architectu		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Richard H. Koppes		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 5 / 2 0 0 7	
Mailing Address 6810 Trudy Way		<b>Transaction ID:</b> 41	
City State Zip Code Sacramento CA 95831-2309	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____	Payroll Deduction		
Name of Employer Apria Healthcare	Occupation Non-Employee Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lawrence Kososki		Date of Receipt M M / D D / Y Y Y Y Y _____ / _____ / _____	
Mailing Address 153 S Brook Rd		<b>Transaction ID:</b> 9-P601	
City State Zip Code East Longmeadow MA 01028-5805	Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. C _____	Payroll Deduction (\$25.00 Bi-Weekly)		
Name of Employer Apria Healthcare	Occupation Division VP Infusion		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>435.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 30
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Philip R. Lochner Mailing Address 699 Lake Ave City State Zip Code Greenwich CT 06830-3333 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2007 <b>Transaction ID: 21</b> Amount of Each Receipt this Period 250.00
Name of Employer Apria Healthcare Occupation Non-Employee Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Jeri L Lose Mailing Address 5 Loam City State Zip Code Coto de Caza CA 92679-5225 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Transaction ID: 1-P43 Amount of Each Receipt this Period 450.00 Payroll Deduction (\$50.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation Exec VP Chief Informatio Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Winborne T Macphail Mailing Address 4406 Staghorn Ct City State Zip Code Greensboro NC 27410-8285 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Transaction ID: 1-P44 Amount of Each Receipt this Period 100.00 Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation Regional VP Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 30
	<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

Full Name (Last, First, Middle Initial) <b>A. Lawrence Mastrovich</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 5 Flax Ct		Transaction ID: 1-P45	
City Coto de Caza	State CA	Amount of Each Receipt this Period 700.00	
Zip Code 92679-5133		Payroll Deduction (\$100.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer Apria Healthcare	Occupation President and COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. William E Monast</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 5 Barbaras Way		Transaction ID: 1-P47	
City Lincoln	State RI	Amount of Each Receipt this Period 300.00	
Zip Code 02865-1431		Payroll Deduction (\$50.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C			
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 ▼ 475.00		

Full Name (Last, First, Middle Initial) <b>C. Theresa A Noble</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 41427 N Laurel Valley Way		Transaction ID: 1-P48	
City Anthem	State AZ	Amount of Each Receipt this Period 75.00	
Zip Code 85086-1281		Payroll Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer Apria Healthcare	Occupation Regional VP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1075.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 30
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mark A Pietrow Mailing Address 13205 Granada Dr City Leawood State KS Zip Code 66209-4182 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: 1-P53</b> Amount of Each Receipt this Period 125.00 Payroll Deduction (\$25.00 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 ▼ 325.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Alicia C Price Mailing Address 38 Flor de Sol City Rancho Santa Marg State CA Zip Code 92688-1408 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: 1-P54</b> Amount of Each Receipt this Period 125.00 Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer: Apria Healthcare Occupation: VP Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Robert R Rickman Mailing Address 9208 Ranworth Way City Raleigh State NC Zip Code 27615-3151 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: 1-P56</b> Amount of Each Receipt this Period 320.00 Payroll Deduction (\$40.00 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 ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>570.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 30
	<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

Full Name (Last, First, Middle Initial) <b>A. Kimberlie K Rogers-Bowers</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 91 E Chevalier Ct		<b>Transaction ID: 1-P57</b>		
City State Zip Code Eighty Four PA 15330-2691	Amount of Each Receipt this Period _____ 125.00		Payroll Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction		
Name of Employer Apria Healthcare	Occupation Sr VP Reg Affairs & Acq I	Aggregate Year-to-Date ▼ _____ 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. William F Ryan</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 5274 Northshore Dr		<b>Transaction ID: 1-P58</b>		
City State Zip Code Frisco TX 75034-7575	Amount of Each Receipt this Period _____ 100.00		Payroll Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction		
Name of Employer Apria Healthcare	Occupation VP Corporate Purchasing	Aggregate Year-to-Date ▼ _____ 290.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. Garrett Y Saito</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 28 Flintstone		<b>Transaction ID: 1-P59</b>		
City State Zip Code Aliso Viejo CA 92656-1919	Amount of Each Receipt this Period _____ 100.00		Payroll Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction		
Name of Employer Apria Healthcare	Occupation VP Logistics	Aggregate Year-to-Date ▼ _____ 285.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 30
	<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

Full Name (Last, First, Middle Initial) <b>A. Tami Salley</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 304 Oak Ridge Dr		<b>Transaction ID: 1-P60</b>
City Venetia	State PA	Zip Code 15367-1160
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Apria Healthcare	Occupation Regional VP Ops	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	(\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Scott M Sasserson</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 121 Deer Run Dr		<b>Transaction ID: 1-P61</b>
City Colchester	State CT	Zip Code 06415-1861
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Apria Healthcare	Occupation Regional VP Ops	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	(\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Raoul Smyth</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 11 Ensueno E		<b>Transaction ID: 1-P63</b>
City Irvine	State CA	Zip Code 92620-1844
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Apria Healthcare	Occupation VP Associate General Cou	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	(\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 30
	<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

Full Name (Last, First, Middle Initial) <b>A. Gregory A Tewell</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 213 N Willow Springs Rd		<b>Transaction ID: 1-P65</b>		
City State Zip Code Orange CA 92869-4534	Amount of Each Receipt this Period _____ 210.00		Payroll Deduction (\$30.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Payroll Deduction (\$30.00 Bi-Weekly)		
Name of Employer Apria Healthcare	Occupation VP Contract Services	Aggregate Year-to-Date ▼ _____ 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. Andrew Cameron Thompson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 20 Westchester Ct		<b>Transaction ID: 1-P66</b>		
City State Zip Code Coto de Caza CA 92679-4956	Amount of Each Receipt this Period _____ 375.00		Payroll Deduction (\$75.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Payroll Deduction (\$75.00 Bi-Weekly)		
Name of Employer Apria Healthcare	Occupation Exec VP Logistics	Aggregate Year-to-Date ▼ _____ 575.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. Deanna P Thompson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 177 Montalvo Rd		<b>Transaction ID: 1-P67</b>		
City State Zip Code Redwood City CA 94062-3820	Amount of Each Receipt this Period _____ 125.00		Payroll Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Payroll Deduction (\$25.00 Bi-Weekly)		
Name of Employer Apria Healthcare	Occupation Division VP Sales	Aggregate Year-to-Date ▼ _____ 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>710.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 30
	<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

**A.** Full Name (Last, First, Middle Initial)  
Barbara S Underwood

Mailing Address 370 Oakwood Ct

City Palatine State IL Zip Code 60067-7729

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

Name of Employer Apria Healthcare Occupation Regional VP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID: 1-P68**

Amount of Each Receipt this Period 25.00

Payroll Deduction (\$25.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Jay C Wendt

Mailing Address 26 Shearwater Pl

City The Woodlands State TX Zip Code 77381-5124

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

Name of Employer Apria Healthcare Occupation Regional VP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID: 1-P1**

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mahvash Yazdi

Mailing Address 30263 Avenida de Calma

City Rancho Palos Verd State CA Zip Code 90275-4504

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

Name of Employer Apria Healthcare Occupation Non-Employee Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

**Transaction ID: 23**

Amount of Each Receipt this Period 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1085.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>14541.18</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 23 / 30

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID: 16</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 1655 Grant Street Building A - 10th Floor		Amount of Each Disbursement this Period 0.08
City Concord State CA Zip Code 94520	Purpose of Disbursement Bank Fees Candidate Name 001 Category/Type	
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID: 35</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 1655 Grant Street		Amount of Each Disbursement this Period 10.00
City Concord State CA Zip Code 94520	Purpose of Disbursement Bank Fee Candidate Name 001 Category/Type	
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) ▼

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		<b>Transaction ID: 36</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 1655 Grant Street		Amount of Each Disbursement this Period 7.23
City Concord State CA Zip Code 94520	Purpose of Disbursement Bank Fee Candidate Name 001 Category/Type	
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 24 / 30

<input checked="" 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 type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
APRIA HEALTHCARE INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Bank of America

Mailing Address 1655 Grant Street

City State Zip Code  
Concord CA 94520

Purpose of Disbursement  
Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 37

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

24.97

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

24.97

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

42.28

**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 / 30

<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

Full Name (Last, First, Middle Initial) <b>A. BLUE DOG POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID: 17</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 6849 Old Dominion Drive		Amount of Each Disbursement this Period 1500.00
City McLean State VA Zip Code 22101	Purpose of Disbursement Contribution to PAC Candidate Name	
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) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. CAMPBELL FOR CONGRESS</b>		<b>Transaction ID: 31</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 4590 MacArthur Blvd. Suite 500		Amount of Each Disbursement this Period 600.00
City Irvine State CA Zip Code 92660	Purpose of Disbursement Contribution to House Candidate Candidate Name CAMPBELL JOHN B. T. III	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. DAVE CAMP FOR CONGRESS 2008</b>		<b>Transaction ID: 29</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 5915 EASTMAN AVE. SUITE 100		Amount of Each Disbursement this Period 5000.00
City MIDLAND State MI Zip Code 48640	Purpose of Disbursement Contribution to House Candidate Candidate Name CAMP DAVID LEE	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) <b>A. ED ROYCE FOR CONGRESS</b>		<b>Transaction ID: 19</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 2525		Amount of Each Disbursement this Period 400.00
City Orange State CA Zip Code 92859	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name ROYCE ED MR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JOHN BOEHNER</b>		<b>Transaction ID: 28</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 2500.00
City West Chester State OH Zip Code 45069	011 Category/ Type	
Purpose of Disbursement Contribution to House Candidate		
Candidate Name BOEHNER JOHN A		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JOHN TANNER</b>		<b>Transaction ID: 26</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address Post Office Box 1994		Amount of Each Disbursement this Period 2250.00
City Union City State TN Zip Code 38281	011 Category/ Type	
Purpose of Disbursement Contribution to House Candidate		
Candidate Name TANNER JOHN S.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 27 / 30

<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

Full Name (Last, First, Middle Initial) <b>A. HOYER FOR CONGRESS</b>		<b>Transaction ID: 33</b> Date of Disbursement 06 / 25 / 2007
Mailing Address 7905 MALCOLM ROAD SUITE 102		Amount of Each Disbursement this Period 1000.00
City CLINTON State MD Zip Code 20735	011 Category/ Type	
Purpose of Disbursement Contribution to House Candidate		
Candidate Name HOYER STENY HAMILTON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. JOHN D. DINGELL FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: 27</b> Date of Disbursement 03 / 23 / 2007
Mailing Address 607 14th Street N.W.		Amount of Each Disbursement this Period 2750.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement Contribution to House Candidate		
Candidate Name DINGELL JOHN D		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MCCONNELL SENATE COMMITTEE '08</b>		<b>Transaction ID: 24</b> Date of Disbursement 01 / 31 / 2007
Mailing Address PO BOX 1496		Amount of Each Disbursement this Period 1000.00
City LOUISVILLE State KY Zip Code 40201	011 Category/ Type	
Purpose of Disbursement Contribution to Senate Candidate		
Candidate Name MCCONNELL MITCH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) <b>A. MIKE ROSS FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: 30</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address PO Box 360		Amount of Each Disbursement this Period 2250.00
City Prescott State AR Zip Code 71857	011 Category/ Type	
Purpose of Disbursement Contribution to House Candidate		
Candidate Name ROSS MICHAEL AVERY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. NEW REPUBLICAN MAJORITY FUND</b>		<b>Transaction ID: 25</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 201 NORTH UNION STREET SUITE 530		Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement Contribution to PAC		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. PAT ROBERTS FOR SENATE</b>		<b>Transaction ID: 32</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address PO BOX 433		Amount of Each Disbursement this Period 2750.00
City GREAT BEND State KS Zip Code 67530	011 Category/ Type	
Purpose of Disbursement Contribution to House Candidate		
Candidate Name ROBERTS PAT		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<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)

PAGE 29 / 30

<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

Full Name (Last, First, Middle Initial) <b>A. RANGEL FOR CONGRESS</b>		Transaction ID: 18 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address PO Box 5577		Amount of Each Disbursement this Period 2500.00
City New York	State NY	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name RANGEL CHARLES B		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 15	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	29500.00

**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 30 / 30

<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

Full Name (Last, First, Middle Initial) <b>A. Friends of Mimi Walters</b>		<b>Transaction ID: 38</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 30151 Tomas		Amount of Each Disbursement this Period 500.00	
City Rancho Santa Marg State CA Zip Code 92688	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Walters Mimi		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 33		

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

500.00

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

500.00