



APRIA HEALTHCARE®

26220 Enterprise Court  
Lake Forest, California 92630  
Tel 949.639.2000

RECEIVED  
FEC MAIL CENTER

2007 JUL 13 PM 1:30

July 11, 2007

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Re: Apria Healthcare, Inc. Political Action Committee ("APRIAPAC")  
FEC Identification Number C00240218

Ladies and Gentlemen:

Enclosed is an Amended Statement of Organization, indicating APRIAPAC's e-mail address in Section 1 ([apriaPAC@apria.com](mailto:apriaPAC@apria.com)) and updating its banking information in Section 9.

Should you have any questions, please contact me at (949) 639-4423.

Sincerely,

Carolyn Borgmeyer  
Assistant Treasurer  
Apria Healthcare, Inc. Political Action Committee

/cb  
Enclosure

cc: Raoul Smyth

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FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

APRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

26220 ENTERPRISE COURT

(Check if address is changed)

LAKE FOREST

CA

92630

8405

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

APRIAPAC@APRIA.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

949-587-0447

2. DATE

07 11 2007

3. FEC IDENTIFICATION NUMBER ▶

C 00240218

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

Date

07 11 2007

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund.

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

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Write or Type Committee Name  
Apria Healthcare, Inc. Political Action Committee

7. Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

BUILDING A, 10TH FLOOR

1655 GRANT STREET

CONCORD

CA

94520

2445

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

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No Postmark

Overnight Delivery Service (Specify): *ups* Shipping Date  
*7/12/07*  
 Next Business Day Delivery

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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jm W*  
 PREPARER

*7/13/07*  
 DATE PREPARED

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