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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. — 12PE4M5

APRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ 26220 Enterprise Court

☐ Check if different than previously reported. (ACC)

Lake Forest | CA | 92630 - 8400

CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ 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 (12S)

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 / 2002 through 03 / 31 / 2002

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 4/12/02 Date 04 / 12 / 2002

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

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FEC FORM 3X (Revised 1/01)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Apria Healthcare, Inc. Political Action Committee C00240218

Report Covering the Period: From: 01 01 2002 To: 03 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		16,750.05
(b) Cash on Hand at Beginning of Reporting Period	16,750.05	
(c) Total Receipts (from Line 19)	5,694.59	5,694.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22,444.64	22,444.64
7. Total Disbursements (from Line 30)	1,000.77	1,000.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21,443.87	21,443.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Apria Healthcare, Inc. Political Action Committee

C00240218

Report Covering the Period: From: 01 01 2002 To: 03 31 2002

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)	1,640.76	
(ii) Unitemized	4,003.40	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	5,644.16	5,644.16
(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 32, page 4) ▶	5,644.16	5,644.16
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 36, page 4)	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.)	50.43	50.43
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	5,694.59	5,694.59
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	5,694.59	5,694.59

C00240216

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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	0.77	0.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.77	0.77
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	1,000.00
24. Independent Expenditures (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	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	1,000.77	1,000.77
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	1,000.77	1,000.77

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	5,644.16	5,644.16
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	5,644.16	5,644.16
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.77	0.77
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0.77	0.77

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Individuals/
Persons Other Than Political Committees)

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

PAGE 1 OF 2

FOR LINE NUMBER 11(a)(i)

YAny 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 C00240218

Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date			Date (month, day, year)	Amount of Each Receipt this Period
Hargis, Dwayne A. 6131 White Alder Court Avon, IN 46123	Apria Healthcare, Inc. Regional V.P., Ops Aggregate Year-to-date>	$270.00			
	Bi-Weekly PR Deduction of...		$45.00	Total this period	270.00
Higby, Lawrence M. 218 Via Lido Nord Newport Beach, CA 92663	Apria Healthcare, Inc. President and COO Aggregate Year-to-date>	$240.00			
	Bi-Weekly PR Deduction of...		$40.00	Total this period	240.00
Holcombe, Robert S. 38 Oakbrook Drive Coto de Caza, CA 92679	Apria Healthcare, Inc. Sr. Vice President Aggregate Year-to-date>	$240.00			
	Bi-Weekly PR Deduction of...		$40.00	Total this period	240.00
Keenan, Michael J. 13325 Winstanley San Diego, CA 92130	Apria Healthcare, Inc. E.V.P. Revenue Mgmt. Aggregate Year-to-date>	$230.76			
	Bi-Weekly PR Deduction of...		$38.46	Total this period	230.76
Landberg, Kelly J. 25992 Rich Springs Circle Laguna Hills, CA 92653	Apria Healthcare, Inc. V.P., Sales Planning Aggregate Year-to-date>	$210.00			
	Bi-Weekly PR Deduction of...		$35.00	Total this period	210.00

SUBTOTAL of Receipts This Page (Optional).....> $1,190.76

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

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Individuals/
Persons Other Than Political Committees)

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

PAGE 2 OF 2

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
APRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE C00240218

Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date		Date (month, day, year)	Amount of Each Receipt this Period
Rickman, Robert R. 9208 Ramworth Way Raleigh, NC 27615	Apria Healthcare, Inc. Division V.P., Ops Aggregate Year-to-date> $240.00 Bi-Weekly PR Deduction of...	$40.00	Total this period	240.00
Walker, Robert 820 Locust Street, #3303 Pasadena, CA 91101	Apria Healthcare, Inc. Division V.P., Sales Aggregate Year-to-date> $210.00 Bi-Weekly PR Deduction of...	$35.00	Total this period	210.00

SUBTOTAL of Receipts This Page (Optional).....> $450.00

TOTAL This Period (last page this line number only).....> $1,640.76

SCHEDULE B

ITEMIZED DISBURSEMENTS
(Contributions to Federal Candidates/
Committees and Other Political Committees

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

PAGE 1 OF 1
FOR LINE NUMBER
23

(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 C00240218

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Disburse. For:	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Senator Rockefeller 236 Massachusetts Ave., N.E. Suite 310 Washington, D.C. 20002	Senate candidate, West Virginia	Primary 2002	01-18-2002	1,000.00

SUBTOTAL of Disbursements This Page (optional).....> $1,000.00

TOTAL This Period (last page this line number only).....> $1,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
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☑	Postmark Illegible	
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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked and/or Date of Receipt
☐	Electronic Filing	

PREPARER

4-25-02

DATE PREPARED

(6/2000)