

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 04 01 2008 through 05 21 2008

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 05 29 2008

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
2	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		9587.60
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	8502.05									
(c) Total Receipts (from Line 19)	12634.05	36048.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21136.10	45636.10								
7. Total Disbursements (from Line 31)	10500.00	35000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10636.10	10636.10								
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**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
2	1

Y	Y	Y	Y
2	0	0	8

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	8531.55	15864.65
(i) Itemized (use Schedule A)	3102.50	19183.85
(ii) Unitemized	11634.05	35048.50
(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)	11634.05	35048.50
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	1000.00	1000.00
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))	12634.05	36048.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12634.05	36048.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	10500.00	33000.00
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.....	0.00	2000.00
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))..	10500.00	35000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	35000.00

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	11634.05	35048.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11634.05	35048.50
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: (check only one)	PAGE 6 / 27
	<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	

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) Thomas J. Barron		Date of Receipt
	Mailing Address 48 Summit Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Quincy	MA	02170-3701
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Transaction ID: 116-P4550
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			Payroll Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Robin Barton		Date of Receipt
	Mailing Address 23082 Mullin Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Lake Forest	CA	92630-2827
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Exec VP, Revenue Mgmt	Transaction ID: 116-P4551
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 750.00	Amount of Each Receipt this Period <input type="text"/> 225.00
			Payroll Deduction (\$75.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Michael A. Bates		Date of Receipt
	Mailing Address 740 W Tess Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Round Lake	IL	60073-5677
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Area Operations Mgr.	Transaction ID: 116-P4552
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			Payroll Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 325.00
TOTAL 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 7 / 27
	<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) Doreen R Bellucci		Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 2 Brigmore Aisle		Transaction ID: 116-P4554
	City Irvine	State CA	Zip Code 92603-5720
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Apria Healthcare		Occupation VP, Associate General Counsel	Payroll Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00		

B.	Full Name (Last, First, Middle Initial) Mark A Centolella		Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 8304 Codys Cors		Transaction ID: 116-P4564
	City Cicero	State NY	Zip Code 13039-7921
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Apria Healthcare		Occupation Dir, Field Sales & Prog S	Payroll Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00		

C.	Full Name (Last, First, Middle Initial) Kirby Combs		Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 320 Urbano Dr		Transaction ID: 116-P4566
	City San Francisco	State CA	Zip Code 94127-2869
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Apria Healthcare		Occupation VP National Accounts	Payroll Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional)	315.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<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) Kenneth A. Common		Date of Receipt
	Mailing Address 1238 N Raymond Ave		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fullerton	CA	92831-2048
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation VP Real Estate Services	Transaction ID: 116-P4567
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	Amount of Each Receipt this Period <input type="text" value="105.00"/>
			Payroll Deduction (\$35.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Deborah J Crimmins		Date of Receipt
	Mailing Address 4 Blossom Hill Ct		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rexford	NY	12148-1531
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation VP Strat Bus Ops	Transaction ID: 116-P4568
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Larry G Crist		Date of Receipt
	Mailing Address 8323 Briar Haven Ct		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Castle Rock	CO	80108-5512
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation VP Customer Service	Transaction ID: 116-P4569
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="205.00"/>
TOTAL 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 9 / 27
	(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

A.	Full Name (Last, First, Middle Initial) Matthew J Gallagher		Date of Receipt
	Mailing Address 5 Safeguard PI		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Irvine	CA	92602-0757
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation VP Sales Operations	Transaction ID: 116-P4582
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			Payroll Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Lisa M Getson		Date of Receipt
	Mailing Address 24806 Oxford Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Laguna Niguel	CA	92677-8870
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Exec VP Govt Rel/Invst Re	Transaction ID: 116-P4584
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 750.00	Amount of Each Receipt this Period <input type="text"/> 225.00
			Payroll Deduction (\$75.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Anthony F Giambone		Date of Receipt
	Mailing Address 7085 Ashley Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Huntington Beach	CA	92648-7001
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Sr VP, Enterprise Bus Sys	Transaction ID: 116-P4585
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	Amount of Each Receipt this Period <input type="text"/> 150.00
			Payroll Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 425.00
TOTAL 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 10 / 27

(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)

Steven D Gradwell

Mailing Address 28637 NE 63rd Way

City State Zip Code
Carnation WA 98014-9512

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

Name of Employer Occupation
Apria Healthcare Regional VP Ops

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2008

Transaction ID: 116-P4586

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

William Guidetti

Mailing Address 14 Heather Ct

City State Zip Code
Columbus NJ 08022-1968

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

Name of Employer Occupation
Apria Healthcare Regional VP Ops

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 355.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2008

Transaction ID: 116-P4589

Amount of Each Receipt this Period

180.00

Payroll Deduction

(\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Dwayne A Hargis

Mailing Address 926 Ironwood Trl

City State Zip Code
Greenwood IN 46143-3042

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

Name of Employer Occupation
Apria Healthcare Regional VP Ops

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2008

Transaction ID: 116-P4593

Amount of Each Receipt this Period

135.00

Payroll Deduction

(\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

365.00

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 11 / 27
(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)
Paul L Heuvel

Mailing Address 1513 Via Tulipan

City State Zip Code
San Clemente CA 92673-3714

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

Name of Employer Occupation
Apria Healthcare VP Billing Center Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2008

Transaction ID: 116-P4596

Amount of Each Receipt this Period
120.00

Payroll Deduction
(\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Lawrence Mead Higby

Mailing Address 218 Via Lido Nord

City State Zip Code
Newport Beach CA 92663-4608

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

Name of Employer Occupation
Apria Healthcare Chief Exec Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.50

Date of Receipt
MM / DD / YYYY
05 / 09 / 2008

Transaction ID: 116-P4597

Amount of Each Receipt this Period
461.55

Payroll Deduction
(\$153.85 Bi-Weekly)

C.

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 ▼ 750.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2008

Transaction ID: 116-P4598

Amount of Each Receipt this Period
225.00

Payroll Deduction
(\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **806.55**

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 / 27
	<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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Daniel A Johnson	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 9275 NE 125th PI	Transaction ID: 116-P4602
	City State Zip Code Kirkland WA 98034-5918	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$35.00 Bi-Weekly)
	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 ▼ 330.00	

B.	Full Name (Last, First, Middle Initial) Anthony R. Kilgore	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 112 Interlachen Ct	Transaction ID: 116-P4604
	City State Zip Code Avondale PA 19311-9747	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Jerome D Lafontaine	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 8445 S Newcombe St	Transaction ID: 116-P4608
	City State Zip Code Littleton CO 80127-4260	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	205.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 27
	<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) Sharon D. Lee		Date of Receipt
	Mailing Address 23419 Ridgeway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 09 / 2008
	City	State	Zip Code
	Mission Viejo	CA	92692-1880
	FEC ID number of contributing federal political committee. C		Transaction ID: 116-P4610
Name of Employer Apria Healthcare		Occupation VP, Managed Care	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	<input type="text"/> 75.00
			Payroll Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Philip R. Lochner		Date of Receipt
	Mailing Address 699 Lake Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 30 / 2008
	City	State	Zip Code
	Greenwich	CT	06830-3333
	FEC ID number of contributing federal political committee. C		Transaction ID: 107
Name of Employer Apria Healthcare		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Jeri L Lose		Date of Receipt
	Mailing Address 5 Loam		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 09 / 2008
	City	State	Zip Code
	Coto de Caza	CA	92679-5225
	FEC ID number of contributing federal political committee. C		Transaction ID: 116-P4612
Name of Employer Apria Healthcare		Occupation Exec VP, Chief Information	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 150.00
			Payroll Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 475.00
TOTAL 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 14 / 27
	<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) Jeffrey R. Lyons	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 12844 Bluejacket St	Transaction ID: 116-P4613
	City State Zip Code Overland Park KS 66213-3435	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	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 ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Winborne T Macphail	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 4406 Staghorn Ct	Transaction ID: 116-P4614
	City State Zip Code Greensboro NC 27410-8285	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Lawrence Mastrovich	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 5 Flax Ct	Transaction ID: 116-P4617
	City State Zip Code Coto de Caza CA 92679-5133	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Bi-Weekly)
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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	400.00
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 15 / 27
	<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

A.	Full Name (Last, First, Middle Initial) Michael L McKinney		Date of Receipt
	Mailing Address 209 Nunzia Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Roseville	CA	95661-3979
	FEC ID number of contributing federal political committee. C		Transaction ID: 116-P4620
Name of Employer Apria Healthcare		Occupation Division VP Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 150.00
			Payroll Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Dean W. Milligan		Date of Receipt
	Mailing Address 521 Andalusian Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Schwenksville	PA	19473-1882
	FEC ID number of contributing federal political committee. C		Transaction ID: 116-P4624
Name of Employer Apria Healthcare		Occupation Regional VP Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 530.00	<input type="text"/> 180.00
			Payroll Deduction (\$60.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) William E Monast		Date of Receipt
	Mailing Address 6 Brentwood		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Coto de Caza	CA	92679-4819
	FEC ID number of contributing federal political committee. C		Transaction ID: 116-P4625
Name of Employer Apria Healthcare		Occupation Exec VP Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 750.00	<input type="text"/> 225.00
			Payroll Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 555.00
TOTAL 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 16 / 27
	<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

A.	Full Name (Last, First, Middle Initial) Theresa A Noble		Date of Receipt
	Mailing Address 41427 N Laurel Valley Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Anthem	AZ	85086-1281
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Transaction ID: 116-P4626
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 330.00	Amount of Each Receipt this Period <input type="text"/> 105.00
			Payroll Deduction (\$35.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Dena R Parker		Date of Receipt
	Mailing Address 233 Sandcastle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Aliso Viejo	CA	92656-3839
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation VP, Bus Dev&Fin Ops	Transaction ID: 116-P4629
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 350.00	Amount of Each Receipt this Period <input type="text"/> 150.00
			Payroll Deduction (\$75.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Norman C. Payson		Date of Receipt
	Mailing Address 453 Beech Hill Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Hopkinton	NH	03229-2674
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Director	Transaction ID: 106
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 2000.00	Amount of Each Receipt this Period <input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1255.00
TOTAL 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 17 / 27
	<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) Mark A Pietrow		Date of Receipt
	Mailing Address 13205 Granada Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Leawood	KS	66209-4182
	FEC ID number of contributing federal political committee.		Transaction ID: 116-P4634
Name of Employer Apria Healthcare		Occupation Division VP Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 150.00
			Payroll Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Michael Polgardy		Date of Receipt
	Mailing Address 57 Pathstone		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Irvine	CA	92603-0171
	FEC ID number of contributing federal political committee.		Transaction ID: 116-P4635
Name of Employer Apria Healthcare		Occupation VP, Treasurer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 50.00
			Payroll Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Peter C Racine		Date of Receipt
	Mailing Address 32 Las Pisasdas		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Rancho Santa Marg	CA	92688-4130
	FEC ID number of contributing federal political committee.		Transaction ID: 116-P4637
Name of Employer Apria Healthcare		Occupation VP, Supply Chain Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 105.00
			Payroll Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 305.00
TOTAL 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 18 / 27
	<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) Norma G. Reynard		Date of Receipt
	Mailing Address 744 W Juniper Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Litchfield Park	AZ	85340-6013
	FEC ID number of contributing federal political committee. C		Transaction ID: 116-P4640
Name of Employer Apria Healthcare		Occupation Division Revenue Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 50.00
			Payroll Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Peter A. Reynolds		Date of Receipt
	Mailing Address 1934 Port Locksleigh Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Newport Beach	CA	92660-6616
	FEC ID number of contributing federal political committee. C		Transaction ID: 116-P4642
Name of Employer Apria Healthcare		Occupation Chief Acctg Ofcr & Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 150.00
			Payroll Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Kimberlie K Rogers-Bowers		Date of Receipt
	Mailing Address 91 E Chevalier Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Eighty Four	PA	15330-2691
	FEC ID number of contributing federal political committee. C		Transaction ID: 116-P4644
Name of Employer Apria Healthcare		Occupation Sr VP Reg Affairs & Acq I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 50.00
			Payroll Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.00
TOTAL 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 19 / 27
	<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) William F Ryan		Date of Receipt
	Mailing Address 21832 Delicia Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Trabuco Canyon	CA	92679-3402
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation VP Corporate Purchasing	Transaction ID: 116-P4645
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 330.00	Amount of Each Receipt this Period <input type="text"/> 105.00
			Payroll Deduction (\$35.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Garrett Y Saito		Date of Receipt
	Mailing Address 28 Flintstone		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Aliso Viejo	CA	92656-1919
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation VP Logistics	Transaction ID: 116-P4646
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			Payroll Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Tami Salley		Date of Receipt
	Mailing Address 304 Oak Ridge Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Venetia	PA	15367-1160
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Division VP Ops	Transaction ID: 116-P4647
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 530.00	Amount of Each Receipt this Period <input type="text"/> 180.00
			Payroll Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 335.00
TOTAL 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 20 / 27
	(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

A.	Full Name (Last, First, Middle Initial) Scott M Sasserson	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 121 Deer Run Dr	Transaction ID: 116-P4648
	City State Zip Code Colchester CT 06415-1861	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$35.00 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 ▼ 330.00	

B.	Full Name (Last, First, Middle Initial) Raoul Smyth	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 11 Ensueno E	Transaction ID: 116-P4656
	City State Zip Code Irvine CA 92620-1844	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$35.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: VP, Associate General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 305.00	

C.	Full Name (Last, First, Middle Initial) Scott E. Snyder	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 9245 Sawyer St.	Transaction ID: 116-P4657
	City State Zip Code Huntley IL 60142	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)
	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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	260.00
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 / 27

(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)

Gregory A Tewell

Mailing Address 213 N Willow Springs Rd

City State Zip Code
Orange CA 92869-4534

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

Name of Employer Occupation
Apria Healthcare VP Business Systems

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2008

Transaction ID: 116-P4662

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Andrew Cameron Thompson

Mailing Address 20 Westchester Ct

City State Zip Code
Coto de Caza CA 92679-4956

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

Name of Employer Occupation
Apria Healthcare Exec VP Logistics

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2008

Transaction ID: 116-P4663

Amount of Each Receipt this Period

225.00

Payroll Deduction

(\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Deanna P Thompson

Mailing Address 177 Montalvo Rd

City State Zip Code
Redwood City CA 94062-3820

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

Name of Employer Occupation
Apria Healthcare Division VP Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2008

Transaction ID: 116-P4664

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$50.00 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: (check only one)	PAGE 22 / 27
	<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

A.	Full Name (Last, First, Middle Initial) Barbara S Underwood		Date of Receipt
	Mailing Address 370 Oakwood Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Palatine	IL	60067-7729
	FEC ID number of contributing federal political committee. C		Transaction ID: 116-P4665
Name of Employer Apria Healthcare		Occupation Regional VP Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 50.00
			Payroll Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Scott R Van Hoose		Date of Receipt
	Mailing Address 191 University Blvd # 817		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Denver	CO	80206-4613
	FEC ID number of contributing federal political committee. C		Transaction ID: 116-P4666
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 105.00
			Payroll Deduction (\$35.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Jay C Wendt		Date of Receipt
	Mailing Address 26 Shearwater Pl		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	The Woodlands	TX	77381-5124
	FEC ID number of contributing federal political committee. C		Transaction ID: 115-P4535
Name of Employer Apria Healthcare		Occupation Regional VP Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	<input type="text"/> 70.00
			Payroll Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 225.00
TOTAL 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 23 / 27
	<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) Jeffrey H West		Date of Receipt
	Mailing Address 6525 Ganton Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Duluth	GA	30097-7882
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Regional VP Ops	Transaction ID: 116-P4669
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 330.00	Amount of Each Receipt this Period <input type="text"/> 105.00
			Payroll Deduction (\$35.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Anita M Westrup		Date of Receipt
	Mailing Address 46 Drakes Bay Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Corona del Mar	CA	92625-1008
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Apria Healthcare		Occupation VP, Solutions Delivery	Transaction ID: 116-P4670
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			Payroll Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mark W. Wilder		Date of Receipt
	Mailing Address 97 Dogwood Trl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Batesville	IN	47006-8893
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Transaction ID: 116-P4671
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			Payroll Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 205.00
TOTAL 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 24 / 27
	<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

A.	Full Name (Last, First, Middle Initial) Jonlyn G. Wilkins	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 2013 Killlearn Mill Ct	Transaction ID: 116-P4672
	City State Zip Code Cary NC 27513-4293	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)
	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 ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Gaylord A. Wilson	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 2 Empire Forest Pl	Transaction ID: 116-P4673
	City State Zip Code The Woodlands TX 77382-4705	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$35.00 Bi-Weekly)
	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 ▼ 305.00	

C.	Full Name (Last, First, Middle Initial) Mahvash Yazdi	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 30263 Avenida de Calma	Transaction ID: 108
	City State Zip Code Rancho Palos Verd CA 90275-4504	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Apria Healthcare Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	1155.00
TOTAL This Period (last page this line number only)	8531.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 27	
	(check only one)			
<input 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 checked="" 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) MCCONNELL SENATE COMMITTEE '08		Date of Receipt	
	Mailing Address PO BOX 1496		M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 120
	LOUISVILLE	KY	40201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C C00193342	1000.00
	Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

**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)

<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) COLLINS FOR SENATOR	Transaction ID: 111 Date of Disbursement 05 / 19 / 2008
	Mailing Address PO BOX 1096	
	City BANGOR State ME Zip Code 04402	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution to Senate Candidate	011 Category/ Type
	Candidate Name SUSAN M COLLINS	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008	Transaction ID: 112 Date of Disbursement 05 / 19 / 2008
	Mailing Address 5915 EASTMAN AVE. SUITE 100	
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement House Candidate, MI, 41 Dist.	011 Category/ Type
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: 110 Date of Disbursement 04 / 24 / 2008
	Mailing Address 7905 MALCOLM ROAD SUITE 102	
	City CLINTON State MD Zip Code 20735	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution to House Candidate	011 Category/ Type
	Candidate Name STENY HAMILTON HOYER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

PAGE 27 / 27

<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)
STEPHANIE TUBBS JONES FOR US CONGRESS

Mailing Address 3729 SILSBY RD

City State Zip Code
UNIVERSITY HEIGHTS OH 44118

Purpose of Disbursement
Contribution to House Candidate

011
Category/
Type

Candidate Name
STEPHANIE TUBBS JONES

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: OH District: 11

Transaction ID: 109

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1536

City State Zip Code
SIOUX FALLS SD 57101

Purpose of Disbursement
Contrib. to Senate Candidate, SD

011
Category/
Type

Candidate Name
TIM JOHNSON

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: SD District: 00

Transaction ID: 113

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

10500.00