

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
 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 05 22 2008 through 06 30 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 07 02 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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	5

D	D
2	2

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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	10636.10									
(c) Total Receipts (from Line 19)	9099.05	45147.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19735.15	54735.15								
7. Total Disbursements (from Line 31)	14250.00	49250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5485.15	5485.15								
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	5

D	D
2	2

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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	7441.55	23306.20
(i) Itemized (use Schedule A)	1657.50	20841.35
(ii) Unitemized	9099.05	44147.55
(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)	9099.05	44147.55
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	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))	9099.05	45147.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9099.05	45147.55

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.....	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.....	14250.00	47250.00
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))..	14250.00	49250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14250.00	49250.00

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)	9099.05	44147.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9099.05	44147.55
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 / 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	

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 MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 48 Summit Ave	Transaction ID: 127-P4943
	City State Zip Code Quincy MA 02170-3701	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 Regional VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Robin Barton	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 23082 Mullin Rd	Transaction ID: 127-P4944
	City State Zip Code Lake Forest CA 92630-2827	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	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 ▼ 975.00	

C.	Full Name (Last, First, Middle Initial) Michael A. Bates	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 740 W Tess Ln	Transaction ID: 127-P4945
	City State Zip Code Round Lake IL 60073-5677	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 Area Operations Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Doreen R Bellucci		Date of Receipt
	Mailing Address 2 Brigmore Aisle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 20 / 2008
	City	State	Zip Code
	Irvine	CA	92603-5720
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P4947
Name of Employer Apria Healthcare		Occupation VP, Associate General Counsel	Amount of Each Receipt this Period 105.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	Payroll Deduction (\$35.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) James C Bowers		Date of Receipt
	Mailing Address 8801 Water Song Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 20 / 2008
	City	State	Zip Code
	Roseville	CA	95747-7176
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P4950
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Amount of Each Receipt this Period 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	Payroll Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Richard D. Brady		Date of Receipt
	Mailing Address 9910 Camberly Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 20 / 2008
	City	State	Zip Code
	Granite Bay	CA	95746-6653
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P4951
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	Payroll Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	240.00
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 / 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Mark A Centolella		Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 8304 Codys Cors		Transaction ID: 127-P4957
	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 Regional VP Sales	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 ▼ 415.00
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B.	Full Name (Last, First, Middle Initial) Kirby Combs		Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 320 Urbano Dr		Transaction ID: 127-P4959
	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 ▼ 425.00
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C.	Full Name (Last, First, Middle Initial) Kenneth A. Common		Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 1238 N Raymond Ave		Transaction ID: 127-P4960
	City Fullerton	State CA	Zip Code 92831-2048
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
	Name of Employer Apria Healthcare	Occupation VP Real Estate Services	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 ▼ 385.00
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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 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Deborah J Crimmins		Date of Receipt
	Mailing Address 4 Blossom Hill Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Rexford	NY	12148-1531
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P4961
Name of Employer Apria Healthcare		Occupation VP Strat Bus 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"/> 325.00	<input type="text"/> 75.00
			Payroll Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Larry G Crist		Date of Receipt
	Mailing Address 8323 Briar Haven Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Castle Rock	CO	80108-5512
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P4962
Name of Employer Apria Healthcare		Occupation VP Customer Service	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"/> 350.00	<input type="text"/> 100.00
			Payroll Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mark P Destephano		Date of Receipt
	Mailing Address PO Box 594		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlton	MA	01507-0594
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P4967
Name of Employer Apria Healthcare		Occupation Regional Customer Service	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"/> 260.00	<input type="text"/> 60.00
			Payroll Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 235.00
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 10 / 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Stephen L Foreman	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 5 Hempstead St	Transaction ID: 127-P4973
	City State Zip Code Ladera Ranch CA 92694-0229	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: 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.	Full Name (Last, First, Middle Initial) Matthew J Gallagher	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 5 Safeguard Pl	Transaction ID: 127-P4974
	City State Zip Code Irvine CA 92602-0757	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: VP Sales Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Lisa M Getson	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 24806 Oxford Dr	Transaction ID: 127-P4976
	City State Zip Code Laguna Niguel CA 92677-8870	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: Exec VP Govt Rel/Invst Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00	

SUBTOTAL of Receipts This Page (optional)	360.00
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 11 / 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Anthony F Giambone	Date of Receipt MM / DD / YYYY 05 / 23 / 2008
	Mailing Address 7085 Ashley Dr	Transaction ID: 117-P4717
	City State Zip Code Huntington Beach CA 92648-7001	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	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 ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) Steven D Gradwell	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 1549 W Saltsage Dr	Transaction ID: 127-P4977
	City State Zip Code Phoenix AZ 85045-1706	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 Regional VP Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Michael A Graves	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 7430 Lombardi Dr	Transaction ID: 127-P4978
	City State Zip Code Plainfield IN 46168-2804	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 Dir, Enteral Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	185.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) William Guidetti		Date of Receipt
	Mailing Address 16833 Melrose Street		<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 06 / 20 / 2008
	City	State	Zip Code
	Overland Park	KS	66062
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P4980
Name of Employer Apria Healthcare		Occupation Division 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 ▼ 535.00	180.00
			Payroll Deduction (\$60.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Dwayne A Hargis		Date of Receipt
	Mailing Address 926 Ironwood 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 06 / 20 / 2008
	City	State	Zip Code
	Greenwood	IN	46143-3042
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P4984
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 ▼ 585.00	135.00
			Payroll Deduction (\$45.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Paul L Heuvel		Date of Receipt
	Mailing Address 1513 Via Tulipan		<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 06 / 20 / 2008
	City	State	Zip Code
	San Clemente	CA	92673-3714
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P4987
Name of Employer Apria Healthcare		Occupation VP Billing Center Operations	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 ▼ 520.00	120.00
			Payroll Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	435.00
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 / 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	

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) Lawrence Mead Higby		Date of Receipt
	Mailing Address 218 Via Lido Nord		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Newport Beach	CA	92663-4608
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P4988
Name of Employer Apria Healthcare		Occupation Chief Exec Officer	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" value="2000.05"/>	<input type="text" value="461.55"/>
			Payroll Deduction (\$153.85 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Robert S Holcombe		Date of Receipt
	Mailing Address 38 Oakbrook		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Coto de Caza	CA	92679-4742
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P4989
Name of Employer Apria Healthcare		Occupation Exec VP General Counsel	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" value="975.00"/>	<input type="text" value="225.00"/>
			Payroll Deduction (\$75.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Shari A. Jeter		Date of Receipt
	Mailing Address 9867 W Berry Dr		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Littleton	CO	80123-7405
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P4992
Name of Employer Apria Healthcare		Occupation Regional Customer Service	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" value="260.00"/>	<input type="text" value="60.00"/>
			Payroll Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="746.55"/>
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 / 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Daniel A Johnson		Date of Receipt
	Mailing Address 9275 NE 125th PI		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Kirkland	WA	98034-5918
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Transaction ID: 127-P4993
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="435.00"/>	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) Anthony R. Kilgore		Date of Receipt
	Mailing Address 112 Interlachen Ct		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Avondale	PA	19311-9747
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Transaction ID: 127-P4995
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	Amount of Each Receipt this Period <input type="text" value="75.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Kevin D Kinsey		Date of Receipt
	Mailing Address 8314 City Lights Dr		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Aliso Viejo	CA	92656-2663
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation VP, Enterprise Architecture	Transaction ID: 127-P4996
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	Amount of Each Receipt this Period <input type="text" value="60.00"/>
			Payroll Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="240.00"/>
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 15 / 30
(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)
Jerome D Lafontaine

Mailing Address 8445 S Newcombe St

City Littleton State CO Zip Code 80127-4260

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 ▼ 325.00

Date of Receipt 06 / 20 / 2008

Transaction ID: 127-P4999

Amount of Each Receipt this Period 75.00

Payroll Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Melissa Leone

Mailing Address 150 Bear Path Rd

City Hamden State CT Zip Code 06514-1329

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

Name of Employer Apria Healthcare Occupation Director Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 20 / 2008

Transaction ID: 127-P5001

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Jeri L Lose

Mailing Address 5 Loam

City Coto de Caza State CA Zip Code 92679-5225

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

Name of Employer Apria Healthcare Occupation Exec VP, Chief Information

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 20 / 2008

Transaction ID: 127-P5002

Amount of Each Receipt this Period 150.00

Payroll Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 285.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Jeffrey R. Lyons	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 12844 Bluejacket St	Transaction ID: 127-P5003
	City State Zip Code Overland Park KS 66213-3435	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: Regional VP Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Winborne T Macphail	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 4406 Staghorn Ct	Transaction ID: 127-P5004
	City State Zip Code Greensboro NC 27410-8285	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: Regional VP Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Lawrence Mastrovich	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 5 Flax Ct	Transaction ID: 127-P5007
	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 ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	450.00
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 17 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Michael F. McGrath</p> <p>Mailing Address 1209 Reggio Aisle</p> <p>City State Zip Code Irvine CA 92606-0855</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Apria Healthcare Dir. Internal Audit</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt 06 / 20 / 2008</p> <p>Transaction ID: 127-P5009</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Payroll Deduction (\$20.00 Bi-Weekly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Michael L McKinney</p> <p>Mailing Address 209 Nunzia Ct</p> <p>City State Zip Code Roseville CA 95661-3979</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Apria Healthcare Division VP Ops</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt 06 / 20 / 2008</p> <p>Transaction ID: 127-P5010</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Payroll Deduction (\$50.00 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Dean W. Milligan</p> <p>Mailing Address 521 Andalusian Rd</p> <p>City State Zip Code Schwenksville PA 19473-1882</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Apria Healthcare Regional VP Ops</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 710.00</p>	<p>Date of Receipt 06 / 20 / 2008</p> <p>Transaction ID: 127-P5014</p> <p>Amount of Each Receipt this Period 180.00</p> <p>Payroll Deduction (\$60.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	390.00
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 18 / 30
	(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) William E Monast	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 6 Brentwood	Transaction ID: 127-P5015
	City State Zip Code Coto de Caza CA 92679-4819	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75.00 Bi-Weekly)
	Name of Employer Occupation Apria Healthcare Exec VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

B.	Full Name (Last, First, Middle Initial) Theresa A Noble	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 41427 N Laurel Valley Way	Transaction ID: 127-P5016
	City State Zip Code Anthem AZ 85086-1281	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 Occupation Apria Healthcare Regional VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

C.	Full Name (Last, First, Middle Initial) Dena R Parker	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 233 Sandcastle	Transaction ID: 127-P5019
	City State Zip Code Aliso Viejo CA 92656-3839	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75.00 Bi-Weekly)
	Name of Employer Occupation Apria Healthcare Sr. VP, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

SUBTOTAL of Receipts This Page (optional)	555.00
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 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Bharat Patel		Date of Receipt
	Mailing Address 10251 Sherwood Cir		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Villa Park	CA	92861-4531
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P5020
Name of Employer Apria Healthcare		Occupation VP, Tax	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" value="260.00"/>	<input type="text" value="60.00"/>
			Payroll Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Pamela P. Peck		Date of Receipt
	Mailing Address 120 Westwood Rd		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Woodbury	CT	06798-2722
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P5021
Name of Employer Apria Healthcare		Occupation Account 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 ▼ <input type="text" value="260.00"/>	<input type="text" value="60.00"/>
			Payroll Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mark A Pietrow		Date of Receipt
	Mailing Address 13205 Granada Dr		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Leawood	KS	66209-4182
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P5024
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" value="650.00"/>	<input type="text" value="150.00"/>
			Payroll Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="270.00"/>
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 / 30

(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)

Michael Polgardy

Mailing Address 57 Pathstone

City State Zip Code
Irvine CA 92603-0171

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

Name of Employer Occupation
Apria Healthcare VP, Treasurer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2008

Transaction ID: 127-P5025

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Peter C Racine

Mailing Address 32 Las Pisadas

City State Zip Code
Rancho Santa Marg CA 92688-4130

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

Name of Employer Occupation
Apria Healthcare VP, Supply Chain Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 405.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2008

Transaction ID: 127-P5027

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Norma G. Reynard

Mailing Address 744 W Juniper Ln

City State Zip Code
Litchfield Park AZ 85340-6013

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

Name of Employer Occupation
Apria Healthcare Division Revenue Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2008

Transaction ID: 127-P5030

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

255.00

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 21 / 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Peter A. Reynolds		Date of Receipt
	Mailing Address 1934 Port Locksleigh PI		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Newport Beach	CA	92660-6616
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P5032
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 ▼ <input type="text" value="650.00"/>	<input type="text" value="150.00"/>
			Payroll Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Kimberlie K Rogers-Bowers		Date of Receipt
	Mailing Address 91 E Chevalier Ct		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Eighty Four	PA	15330-2691
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P5034
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 ▼ <input type="text" value="325.00"/>	<input type="text" value="75.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) William F Ryan		Date of Receipt
	Mailing Address 21832 Delicia Dr		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Trabuco Canyon	CA	92679-3402
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P5035
Name of Employer Apria Healthcare		Occupation VP Corporate Purchasing	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" value="435.00"/>	<input type="text" value="105.00"/>
			Payroll Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="330.00"/>
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 22 / 30
(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)
Garrett Y Saito

Mailing Address 28 Flintstone

City State Zip Code
Aliso Viejo CA 92656-1919

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

Name of Employer Occupation
Apria Healthcare VP Logistics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2008

Transaction ID: 127-P5036

Amount of Each Receipt this Period
75.00

Payroll Deduction
(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Tami Salley

Mailing Address 304 Oak Ridge Dr

City State Zip Code
Venetia PA 15367-1160

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

Name of Employer Occupation
Apria Healthcare Division VP Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 710.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2008

Transaction ID: 127-P5037

Amount of Each Receipt this Period
180.00

Payroll Deduction
(\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Scott M Sasserson

Mailing Address 121 Deer Run Dr

City State Zip Code
Colchester CT 06415-1861

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 ▼ 435.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2008

Transaction ID: 127-P5038

Amount of Each Receipt this Period
105.00

Payroll Deduction
(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **360.00**

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 23 / 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Richard H. Scholl	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 7 Slater Dr	Transaction ID: 127-P5039
	City State Zip Code Stony Point NY 10980-1907	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 Occupation Apria Healthcare Regional Clinical Mgr. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) David C Sears	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 119 Cobham Lane Roa	Transaction ID: 127-P5040
	City State Zip Code Cabot PA 16023	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 Occupation Apria Healthcare Area Operations Mgr. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) David L. Slack	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 1 Via Lavendera	Transaction ID: 127-P5043
	City State Zip Code Rancho Santa Marg CA 92688-1472	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 Occupation Apria Healthcare Dir IS Support Svs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	180.00
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 24 / 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Raoul Smyth		Date of Receipt
	Mailing Address 11 Ensueno E		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Irvine	CA	92620-1844
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation VP, Associate General Counsel	Transaction ID: 127-P5046
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="410.00"/>	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) Scott E. Snyder		Date of Receipt
	Mailing Address 9245 Sawyer St.		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Huntley	IL	60142
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Transaction ID: 117-P4788
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Gregory A Tewell		Date of Receipt
	Mailing Address 213 N Willow Springs Rd		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Orange	CA	92869-4534
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Apria Healthcare		Occupation VP Business Systems	Transaction ID: 127-P5051
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	Amount of Each Receipt this Period <input type="text" value="90.00"/>
			Payroll Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="220.00"/>
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 25 / 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Andrew Cameron Thompson	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 20 Westchester Ct	Transaction ID: 127-P5052
	City State Zip Code Coto de Caza CA 92679-4956	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Exec VP Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

B.	Full Name (Last, First, Middle Initial) Deanna P Thompson	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 177 Montalvo Rd	Transaction ID: 127-P5053
	City State Zip Code Redwood City CA 94062-3820	Amount of Each Receipt this Period 150.00
	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 ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Barbara S Underwood	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 370 Oakwood Ct	Transaction ID: 127-P5054
	City State Zip Code Palatine IL 60067-7729	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 Regional VP Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	450.00
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 26 / 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

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

A.	Full Name (Last, First, Middle Initial) Scott R Van Hoose		Date of Receipt MM / DD / YYYY 06 / 20 / 2008		
	Mailing Address 191 University Blvd # 817		Transaction ID: 127-P5055		
	City Denver	State CO	Zip Code 80206-4613	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		Aggregate Year-to-Date 405.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey H West		Date of Receipt MM / DD / YYYY 06 / 20 / 2008		
	Mailing Address 6525 Ganton Dr		Transaction ID: 127-P5058		
	City Duluth	State GA	Zip Code 30097-7882	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		Aggregate Year-to-Date 435.00	

C.	Full Name (Last, First, Middle Initial) Anita M Westrup		Date of Receipt MM / DD / YYYY 06 / 20 / 2008		
	Mailing Address 46 Drakes Bay Dr		Transaction ID: 127-P5059		
	City Corona del Mar	State CA	Zip Code 92625-1008	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50.00 Bi-Weekly)		
	Name of Employer Apria Healthcare	Occupation VP, Solutions Delivery		Aggregate Year-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional)	310.00
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 27 / 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 (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Mark W. Wilder		Date of Receipt
	Mailing Address 203 Hillcrest Ave		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Batesville	IN	47006-4312
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P5060
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" value="325.00"/>	<input type="text" value="75.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Jonlyn G. Wilkins		Date of Receipt
	Mailing Address 2013 Killlearn Mill Ct		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Cary	NC	27513-4293
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P5061
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" value="325.00"/>	<input type="text" value="75.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Gaylord A. Wilson		Date of Receipt
	Mailing Address 2 Empire Forest Pl		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	The Woodlands	TX	77382-4705
	FEC ID number of contributing federal political committee. C		Transaction ID: 127-P5062
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" value="410.00"/>	<input type="text" value="105.00"/>
			Payroll Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="255.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="7441.55"/>

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) FRIENDS OF BLANCHE LINCOLN	Transaction ID: 124 Date of Disbursement
	Mailing Address PO BOX 3197	<input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="2008"/>
	City LITTLE ROCK State AR Zip Code 72203	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Senate Candidate	<input type="text" value="2500.00"/>
	Candidate Name BLANCHE LAMBERT LINCOLN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: 125 Date of Disbursement
	Mailing Address PO BOX 3197	<input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="2008"/>
	City LITTLE ROCK State AR Zip Code 72203	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Senate Candidate	<input type="text" value="500.00"/>
	Candidate Name BLANCHE LAMBERT LINCOLN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER	Transaction ID: 121 Date of Disbursement
	Mailing Address PO BOX 1909	<input type="text" value="06"/> <input type="text" value="27"/> / <input type="text" value="2008"/>
	City CHARLESTON State WV Zip Code 25327	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Senate Candidate	<input type="text" value="1000.00"/>
	Candidate Name JOHN DAVISON IV ROCKEFELLER	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement
Contribution to Senate Candidate, ID

011
Category/
Type

Candidate Name
MICHAEL D CRAPO

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: ID District: 00

Transaction ID: 119

Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
PAT ROBERTS FOR SENATE

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
Contribution to Senate Candidate

011
Category/
Type

Candidate Name
PAT ROBERTS

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

State: KS District: 00

Transaction ID: 122

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

2250.00

C. Full Name (Last, First, Middle Initial)
PAT ROBERTS FOR SENATE

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
Contribution to Senate Candidate

011
Category/
Type

Candidate Name
PAT ROBERTS

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

State: KS District: 00

Transaction ID: 123

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9250.00

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 30 / 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 (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

PUTNAM FOR CONGRESS

Transaction ID: 118

Date of Disbursement

Mailing Address Post Office Box 2257

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	8

City State Zip Code
Bartow FL 33831

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contrib. House Candidate, FL, 12 Dist.

011
Category/ Type

Candidate Name
ADAM HUGHES PUTNAM

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 12

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

14250.00
