



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="195468.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36021.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="470.00"/>	<input type="text" value="11222.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="36491.15"/>	<input type="text" value="206691.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="172700.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33991.15"/>	<input type="text" value="33991.15"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

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 LLC POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	455.00	5700.00
(ii) Unitemized .....	15.00	5522.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	470.00	11222.50
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	470.00	11222.50
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	470.00	11222.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	470.00	11222.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	0	5000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	5000.00
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	163500.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements (Including Non-Federal Donations).....	0	4200.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2500.00	172700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	172700.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	470.00	11222.50
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	470.00	11222.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	5000.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	5000.00

**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 OF 14
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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 LLC POLITICAL ACTION COMMITTEE**

**A. Ake, Gary, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 249 Eastfield Ave  
 City Stedman State NC Zip Code 28391-9449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Branch Manager 3  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23008**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction (\$10.00 Bi-Weekly)

**B. Bowers, James, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 256 Aerie Ct  
 City Roseville State CA Zip Code 95661-4063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Market Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23009**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction (\$20.00 Bi-Weekly)

**C. Brindle, Bruce, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3396 Altherton Dr  
 City Bethel Park State PA Zip Code 15102-1161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Regional VP Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23010**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 40.00  
**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 OF 14
<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 LLC POLITICAL ACTION COMMITTEE**

**A. Caldwell, Carl L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 282 Laurel Avenue  
 City Oakdale State CA Zip Code 95361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Branch Manager 4  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23011**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction (\$10.00 Bi-Weekly)

**B. Delivron, Jeannine M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 Bronson Rd  
 City Avon State CT Zip Code 06001-2929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Clinical Programs Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23013**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction (\$10.00 Bi-Weekly)

**C. Dwyer, Michael, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5876 Merganser Court  
 City Frederick State CO Zip Code 80504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Branch Manager 4  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23014**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 35.00  
**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 OF 14
	<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 LLC POLITICAL ACTION COMMITTEE**

**A. Halpin, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9112 Meade Ave  
 City Oak Lawn State IL Zip Code 60453-1571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Branch Manager 4  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23016**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction (\$10.00 Bi-Weekly)

**B. Hunt, Janet, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24646 San Vincent Lane  
 City Mission Viejo State CA Zip Code 9269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Dir IT Quality & Support Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23018**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction (\$10.00 Bi-Weekly)

**C. Kellems, Jerry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 1306  
 City Bloomington State IN Zip Code 47402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Service Center Suprv  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23019**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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 OF 14
<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 LLC POLITICAL ACTION COMMITTEE**

**A. Marshall, Clinton K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 Saco Street, Unit 14  
 City Wesbrook State ME Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Market Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23030**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction (\$10.00 Bi-Weekly)

**B. Noble, Theresa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41427 N Laurel Valley Way  
 City Anthem State AZ Zip Code 85086-1281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Regional VP Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23032**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Payroll Deduction (\$35.00 Bi-Weekly)

**C. O'Donnell, Patrick, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Windemere Way  
 City Colchester State VT Zip Code 05446-6914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Branch Manager 2  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23031**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> 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 10 OF 14
	<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 LLC POLITICAL ACTION COMMITTEE**

**A. Policelli, Carol, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 Shieldale Dr

City Winston Salem	State NC	Zip Code 27107-3654
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Apria Healthcare	Occupation (for Individual) Branch Manager 3
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 546-P23020**

Amount of Each Receipt this Period  
10.00

Memo Item  
Payroll Deduction  
(\$10.00 Bi-Weekly)

**B. Rogers-Bowers, Kimberlie, K, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 Gulf Blvd., #806

City Clearwater	State FL	Zip Code 33767
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Apria Healthcare	Occupation (for Individual) Sr VP Reg Affairs & Acq I
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 546-P23021**

Amount of Each Receipt this Period  
25.00

Memo Item  
Payroll Deduction  
(\$25.00 Bi-Weekly)

**C. Saito, Garrett, Y, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Flintstone

City Aliso Viejo	State CA	Zip Code 92656-1919
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Apria Healthcare	Occupation (for Individual) Market Leader
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 546-P23022**

Amount of Each Receipt this Period  
25.00

Memo Item  
Payroll Deduction  
(\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 OF 14
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE**

**A. Scholl, Richard H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Lilac Lane  
 City Garnerville State NY Zip Code 10923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Branch Manager 3  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23023**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction (\$20.00 Bi-Weekly)

**B. Slentz, Sandra L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4050 S 1100 W  
 City Modoc State IN Zip Code 47358-9520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) Branch Manager 3  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23024**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction (\$10.00 Bi-Weekly)

**C. Smyth, Raoul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Ensueno E  
 City Irvine State CA Zip Code 92620-1844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) EVP, General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23025**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Payroll Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 65.00  
**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 OF 14
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE**

**A. Tewell, Gregory, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 N Willow Springs Rd  
 City Orange State CA Zip Code 92869-4534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) VP Business Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23026**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction (\$30.00 Bi-Weekly)

**B. Thompson, Andrew, Cameron, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Westchester Ct  
 City Prosper State TX Zip Code 75078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) EVP Zone West  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23027**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction (\$75.00 Bi-Weekly)

**C. Thompson, Deanna, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 177 Montalvo Rd  
 City Redwood City State CA Zip Code 94062-3820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Apria Healthcare Occupation (for Individual) VP Strategic Relationships  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 546-P23028**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.00
<b>TOTAL</b> 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 13 OF 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Wagner, Andrew, , ,

Mailing Address 670 Carson Ct

City Carmel      State IN      Zip Code 46033-9744

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

Name of Employer (for Individual) Apria Healthcare      Occupation (for Individual) Branch Manager 4

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2016

**Transaction ID : 546-P23029**

Amount of Each Receipt this Period  
 15.00

Memo Item  
 Payroll Deduction  
 (\$15.00 Bi-Weekly)

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15.00
<b>TOTAL</b> This Period (last page this line number only).....▶	455.00

# 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"/> 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 LLC POLITICAL ACTION COMMITTEE**

**A. MOKAN VICTORY FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 4741 CENTRAL STSTE 444

City KANSAS CITY State KS Zip Code 64112

Purpose of Disbursement  
Contribution to Joint Fundraising Cttee

Candidate Name  
**MOKAN VICTORY FUND**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C00625442  
**Transaction ID : 547**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C  
Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C  
Amount of Each Disbursement this Period:

Memo Item

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