

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 26220 ENTERPRISE COURT LAKE FOREST CA 92630

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00240218 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 05 / 19 / 2016 through 06 / 30 / 2016

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 RAOUL SMYTH [Electronically Filed] Date 09 / 26 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="96793.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1552.50"/>	<input type="text" value="7377.50"/>
(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="98346.15"/>	<input type="text" value="202846.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35000.00"/>	<input type="text" value="139500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="63346.15"/>	<input type="text" value="63346.15"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1005.00	2770.00
(ii) Unitemized	547.50	4607.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1552.50	7377.50
(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)	1552.50	7377.50
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))..... ▶	1552.50	7377.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1552.50	7377.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	35000.00	134500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0	0
30. Federal Election Activity (2 U.S.C. §431(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)) ..	35000.00	139500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35000.00	139500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	1552.50	7377.50
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1552.50	7377.50
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Report amended to correct totals - pre-primary report covering period 04/01/2016 to 05/18/2016 amended.

Form/Schedule:

Transaction ID:

**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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. James C Bowers
Full Name (Last, First, Middle Initial)

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 Apria Healthcare Occupation Market Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 24 / 2016
Transaction ID : 527-P22794

Amount of Each Receipt this Period 60.00

Memo Item
Payroll Deduction (\$20.00 Bi-Weekly)

B. Michael F. McGrath
Full Name (Last, First, Middle Initial)

Mailing Address 1209 Reggio Aisle

City Irvine State CA Zip Code 92606-0855

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

Name of Employer Apria Healthcare Occupation Dir. Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 24 / 2016
Transaction ID : 527-P22818

Amount of Each Receipt this Period 60.00

Memo Item
Payroll Deduction (\$20.00 Bi-Weekly)

C. Theresa A Noble
Full Name (Last, First, Middle Initial)

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 Apria Healthcare Occupation Regional VP Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 24 / 2016
Transaction ID : 527-P22798

Amount of Each Receipt this Period 105.00

Memo Item
Payroll Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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"/> 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. Kimberlie K Rogers-Bowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Gulf Blvd., #806
 City Clearwater State FL Zip Code 33767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Apria Healthcare Occupation Sr VP Reg Affairs & Acq I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 24 / 2016
Transaction ID : 527-P22800
 Amount of Each Receipt this Period 75.00
 Memo Item
 Payroll Deduction (\$25.00 Bi-Weekly)

B. Garrett Y Saito
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Flintstone
 City Aliso Viejo State CA Zip Code 92656-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Apria Healthcare Occupation Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 24 / 2016
Transaction ID : 527-P22801
 Amount of Each Receipt this Period 75.00
 Memo Item
 Payroll Deduction (\$25.00 Bi-Weekly)

C. Richard H. Scholl
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Lilac Lane
 City Garnerville State NY Zip Code 10923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Apria Healthcare Occupation Branch Manager 3
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 24 / 2016
Transaction ID : 527-P22820
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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

Full Name (Last, First, Middle Initial) A. Raoul Smyth		Date of Receipt MM / DD / YYYY 06 / 24 / 2016 Transaction ID : 527-P22802
Mailing Address 11 Ensueno E		Amount of Each Receipt this Period 105.00
City Irvine	State CA	Zip Code 92620-1844
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Apria Healthcare	Occupation EVP, General Counsel	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	(\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Gregory A Tewell		Date of Receipt MM / DD / YYYY 06 / 24 / 2016 Transaction ID : 527-P22803
Mailing Address 213 N Willow Springs Rd		Amount of Each Receipt this Period 90.00
City Orange	State CA	Zip Code 92869-4534
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Apria Healthcare	Occupation VP Business Systems	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	(\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Andrew Cameron Thompson		Date of Receipt MM / DD / YYYY 06 / 24 / 2016 Transaction ID : 527-P22804
Mailing Address 20 Westchester Ct		Amount of Each Receipt this Period 225.00
City Prosper	State TX	Zip Code 75078
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Apria Healthcare	Occupation EVP Zone West	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	(\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 10 OF 14
(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 LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Deanna P Thompson

Mailing Address 177 Montalvo Rd

City Redwood City	State CA	Zip Code 94062-3820
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FEC ID number of contributing federal political committee. **C**

Name of Employer Apria Healthcare	Occupation VP Strategic Relationships
--------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : 527-P22805

Amount of Each Receipt this Period
150.00

Memo Item
Payroll Deduction
(\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	1005.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. CARPER FOR SENATE (P)

Mailing Address PO BOX 2882

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement
Contribution to Senate Candidate

011

Candidate Name

THOMAS R CARPER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : 519

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PAT TOOMEY (P)

Mailing Address 2720 JORDAN ROAD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement
Contribution to Senate candidate

011

Candidate Name

PATRICK JOSEPH TOOMEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 26 / 2016

Transaction ID : 514

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HEIDI FOR SENATE (P)

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
Contribution to Senate Candidate

011

Candidate Name

HEIDI HEITKAMP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : 522

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

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)

<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 LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KENNY MARCHANT FOR CONGRESS (P)

Mailing Address PO BOX 110187

City CARROLLTON State TX Zip Code 75011

Purpose of Disbursement
Contribution to House Candidate

Candidate Name
KENNY E MR. MARCHANT

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 24

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2016

Transaction ID : 523

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS (P)

Mailing Address PO BOX 479

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement
Contribution to House Candidate

Candidate Name
JOHN B LARSON

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CT District: 01

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : 521

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOEBSACK FOR CONGRESS (P)

Mailing Address PO BOX 3013

City IOWA CITY State IA Zip Code 52244

Purpose of Disbursement
Contribution to House Candidate

Candidate Name
DAVID WAYNE LOEBSACK

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IA District: 02

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2016

Transaction ID : 515

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. LOEBSACK FOR CONGRESS (P)

Mailing Address PO BOX 3013

City IOWA CITY State IA Zip Code 52244

Purpose of Disbursement
Contribution to House Candidate

011

Candidate Name

DAVID WAYNE LOEBSACK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : 516

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MENENDEZ FOR SENATE (P)

Mailing Address PO BOX 32248

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement
Contribution to Senate Candidate

011

Candidate Name

ROBERT MENENDEZ

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : 518

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS (P)

Mailing Address 2931 E DUBLIN GRANVILLE ROAD

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement
Contribution to House Candidate

011

Candidate Name

PATRICK J. TIBERI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 26 / 2016

Transaction ID : 482

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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)

<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 LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TIM MURPHY FOR CONGRESS (P)

Mailing Address PO BOX 24551

City PTTSBURGH State PA Zip Code 15234

Purpose of Disbursement
Contribution to House Candidate

011

Category/
Type

Candidate Name

TIM MURPHY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : 517

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TIM SCOTT FOR SENATE (P)

Mailing Address 1405 ASHLEY RIVER RD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement
Contribution to Senate candidate

011

Category/
Type

Candidate Name

TIM E SCOTT

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : 524

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

35000.00