

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 01 01 2009 through 06 30 2009

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 30 2009

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**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		22046.15
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	22046.15									
(c) Total Receipts (from Line 19)	35367.50	35367.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57413.65	57413.65								
7. Total Disbursements (from Line 31)	29500.00	29500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27913.65	27913.65								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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)	14655.00	14655.00
(ii) Unitemized	17212.50	17212.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31867.50	31867.50
(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)	31867.50	31867.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	3500.00	3500.00
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))	35367.50	35367.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35367.50	35367.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	29500.00	29500.00
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	0.00
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))..	29500.00	29500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29500.00	29500.00

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	31867.50	31867.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31867.50	31867.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

<p>A. Full Name (Last, First, Middle Initial) Robert Allen</p> <p>Mailing Address 7334 S Chapparral Cir W</p> <p>City State Zip Code Centennial CO 80016-2177</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Coram, Inc. EVP, Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 06 / 19 / 2009</p> <p>Transaction ID: 193-P8275</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Payroll Deduction (\$100.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Thomas J. Barron</p> <p>Mailing Address 48 Summit Ave</p> <p>City State Zip Code Quincy MA 02170-3701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Apria Healthcare Divison VP Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.00</p>	<p>Date of Receipt 06 / 19 / 2009</p> <p>Transaction ID: 193-P8270</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Payroll Deduction (\$25.00 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Robin Barton</p> <p>Mailing Address 23082 Mullin Rd</p> <p>City State Zip Code Lake Forest CA 92630-2827</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Apria Healthcare Exec VP, Revenue Mgmt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 975.00</p>	<p>Date of Receipt 06 / 19 / 2009</p> <p>Transaction ID: 193-P8170</p> <p>Amount of Each Receipt this Period 825.00</p> <p>Payroll Deduction (\$75.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	1050.00
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"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Doreen R Bellucci	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 2 Brigmore Aisle	Transaction ID: 193-P8171
	City State Zip Code Irvine CA 92603-5720	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$35.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation VP, Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

B.	Full Name (Last, First, Middle Initial) James C Bowers	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 256 Aerie Ct	Transaction ID: 193-P8173
	City State Zip Code Roseville CA 95661-4063	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 Market Manager	
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) Richard D. Brady	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 9910 Camberly Ct	Transaction ID: 193-P8272
	City State Zip Code Granite Bay CA 95746-6653	Amount of Each Receipt this Period 125.00
	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	

SUBTOTAL of Receipts This Page (optional)	465.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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 / 19 / 2009
	Mailing Address 8304 Codys Cors		Transaction ID: 193-P8176
	City Cicero	State NY	Zip Code 13039-7921
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
	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 ▼ 455.00
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B.	Full Name (Last, First, Middle Initial) Kirby Combs		Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 320 Urbano Dr		Transaction ID: 193-P8177
	City San Francisco	State CA	Zip Code 94127-2869
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
	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 ▼ 455.00
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C.	Full Name (Last, First, Middle Initial) Kenneth A. Common		Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1238 N Raymond Ave		Transaction ID: 193-P8271
	City Fullerton	State CA	Zip Code 92831-2048
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
	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 ▼ 455.00
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SUBTOTAL of Receipts This Page (optional)	840.00
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"/> 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) Deborah J Crimmins		Date of Receipt
	Mailing Address 4 Blossom Hill Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	Rexford	NY	12148-1531
	FEC ID number of contributing federal political committee. C		Transaction ID: 193-P8178
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 ▼ 325.00	<input type="text"/> 125.00
			Payroll Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Stephen L Foreman		Date of Receipt
	Mailing Address 5 Hempstead St		<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 / 19 / 2009
	City	State	Zip Code
	Ladera Ranch	CA	92694-0229
	FEC ID number of contributing federal political committee. C		Transaction ID: 193-P8181
Name of Employer Apria Healthcare		Occupation Division VP Ancillary Business	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 ▼ 260.00	<input type="text"/> 60.00
			Payroll Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Matthew J Gallagher		Date of Receipt
	Mailing Address 5 Safeguard Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	Irvine	CA	92602-0757
	FEC ID number of contributing federal political committee. C		Transaction ID: 193-P8182
Name of Employer Apria Healthcare		Occupation VP Sales 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 ▼ 325.00	<input type="text"/> 125.00
			Payroll Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 310.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 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) Lisa M Getson</p> <p>Mailing Address 24806 Oxford Dr</p> <p>City State Zip Code <u>Laguna Niguel</u> CA 92677-8870</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Apria Healthcare</p> <p>Occupation Exec VP Govt Rel/Invst Re</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 975.00</p>	<p>Date of Receipt 06 / 19 / 2009</p> <p>Transaction ID: 193-P8183</p> <p>Amount of Each Receipt this Period 825.00</p> <p>Payroll Deduction (\$75.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Steven D Gradwell</p> <p>Mailing Address 1549 W Saltsage Dr</p> <p>City State Zip Code <u>Phoenix</u> AZ 85045-1706</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Apria Healthcare</p> <p>Occupation 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 ▼ 325.00</p>	<p>Date of Receipt 06 / 19 / 2009</p> <p>Transaction ID: 193-P8184</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Payroll Deduction (\$25.00 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Michael A Graves</p> <p>Mailing Address 7430 Lombardi Dr</p> <p>City State Zip Code <u>Plainfield</u> IN 46168-2804</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Apria Healthcare</p> <p>Occupation Dir, Enteral Operations</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 / 19 / 2009</p> <p>Transaction ID: 193-P8185</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Payroll Deduction (\$20.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	1010.00
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) Dwayne A Hargis	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 926 Ironwood Trl	Transaction ID: 193-P8187
	City Greenwood State IN Zip Code 46143-3042	Amount of Each Receipt this Period 405.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$45.00 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 ▼ 585.00	

B.	Full Name (Last, First, Middle Initial) Paul L Heuvel	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1513 Via Tulipan	Transaction ID: 193-P8188
	City San Clemente State CA Zip Code 92673-3714	Amount of Each Receipt this Period 320.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation VP Billing Center Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.	Full Name (Last, First, Middle Initial) Robert S Holcombe	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 38 Oakbrook	Transaction ID: 193-P8189
	City Coto de Caza State CA Zip Code 92679-4742	Amount of Each Receipt this Period 825.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation Exec VP General Counsel		
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)	1550.00
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"/> 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) Shari A. Jeter	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 9867 W Berry Dr	Transaction ID: 193-P8239
	City State Zip Code Littleton CO 80123-7405	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 Customer Service	
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) Anthony R. Kilgore	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 112 Interlachen Ct	Transaction ID: 193-P8241
	City State Zip Code Avondale PA 19311-9747	Amount of Each Receipt this Period 125.00
	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	

C.	Full Name (Last, First, Middle Initial) Kevin D Kinsey	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 8314 City Lights Dr	Transaction ID: 193-P8191
	City State Zip Code Aliso Viejo CA 92656-2663	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 VP, Enterprise Architecture	
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)	▶	245.00
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) Jerome D Lafontaine		Date of Receipt
	Mailing Address 8445 S Newcombe St		<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 / 19 / 2009
	City	State	Zip Code
	Littleton	CO	80127-4260
	FEC ID number of contributing federal political committee. C		Transaction ID: 193-P8192
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 ▼ 325.00	125.00
			Payroll Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Melissa Leone		Date of Receipt
	Mailing Address 150 Bear Path Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	Hamden	CT	06514-1329
	FEC ID number of contributing federal political committee. C		Transaction ID: 193-P8244
Name of Employer Apria Healthcare		Occupation Director Nursing	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 ▼ 260.00	60.00
			Payroll Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Jeffrey R. Lyons		Date of Receipt
	Mailing Address 12844 Bluejacket St		<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 / 19 / 2009
	City	State	Zip Code
	Overland Park	KS	66213-3435
	FEC ID number of contributing federal political committee. C		Transaction ID: 193-P8245
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 ▼ 325.00	125.00
			Payroll Deduction (\$25.00 Bi-Weekly)

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 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) Winborne T Macphail	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 4406 Staghorn Ct	Transaction ID: 193-P8193
	City Greensboro State NC Zip Code 27410-8285	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation Regional VP Ops	Aggregate Year-to-Date 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Lawrence Mastrovich	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 5 Flax Ct	Transaction ID: 193-P8194
	City Coto de Caza State CA Zip Code 92679-5133	Amount of Each Receipt this Period 1100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation President and COO	Aggregate Year-to-Date 1300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Michael F. McGrath	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1209 Reggio Aisle	Transaction ID: 193-P8248
	City Irvine State CA Zip Code 92606-0855	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. Internal Audit	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1285.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 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) Michael L McKinney	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 209 Nunzia Ct	Transaction ID: 193-P8195
	City State Zip Code Roseville CA 95661-3979	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: Division VP Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Dean W. Milligan	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 521 Andalusian Rd	Transaction ID: 193-P8252
	City State Zip Code Schwenksville PA 19473-1882	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$60.00 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 ▼ 780.00	

C.	Full Name (Last, First, Middle Initial) William E Monast	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 6 Brentwood	Transaction ID: 188-P7655
	City State Zip Code Coto de Caza CA 92679-4819	Amount of Each Receipt this Period 525.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$150.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: Exec VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00	

SUBTOTAL of Receipts This Page (optional)	1575.00
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 16 / 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) Theresa A Noble</p> <p>Mailing Address 41427 N Laurel Valley Way</p> <p>City State Zip Code Anthem AZ 85086-1281</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Apria Healthcare Occupation: Regional VP Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 455.00</p>	<p>Date of Receipt 06 / 19 / 2009</p> <p>Transaction ID: 193-P8196</p> <p>Amount of Each Receipt this Period 280.00</p> <p>Payroll Deduction (\$35.00 Bi-Weekly)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Dena R Parker</p> <p>Mailing Address 233 Sandcastle</p> <p>City State Zip Code Aliso Viejo CA 92656-3839</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Apria Healthcare Occupation: Sr. VP, Finance</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 975.00</p>	<p>Date of Receipt 06 / 19 / 2009</p> <p>Transaction ID: 193-P8198</p> <p>Amount of Each Receipt this Period 825.00</p> <p>Payroll Deduction (\$75.00 Bi-Weekly)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Pamela P. Peck</p> <p>Mailing Address 120 Westwood Rd</p> <p>City State Zip Code Woodbury CT 06798-2722</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Apria Healthcare Occupation: Account Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 05 / 22 / 2009</p> <p>Transaction ID: 191-P8033</p> <p>Amount of Each Receipt this Period 40.00</p> <p>Payroll Deduction (\$40.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	1145.00
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)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Mark A Pietrow

Mailing Address 13205 Granada Dr

City Leawood State KS Zip Code 66209-4182

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

Name of Employer Apria Healthcare Occupation Division VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 19 / 2009

Transaction ID: 193-P8200

Amount of Each Receipt this Period 450.00

Payroll Deduction (\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Michael Polgardy

Mailing Address 57 Pathstone

City Irvine State CA Zip Code 92603-0171

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

Name of Employer Apria Healthcare Occupation VP, Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 19 / 2009

Transaction ID: 193-P8255

Amount of Each Receipt this Period 125.00

Payroll Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Peter C Racine

Mailing Address 32 Las Pisasdas

City Rancho Santa Marg State CA Zip Code 92688-4130

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

Name of Employer Apria Healthcare Occupation VP, Supply Chain Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 19 / 2009

Transaction ID: 193-P8201

Amount of Each Receipt this Period 280.00

Payroll Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **855.00**

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 18 / 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) Norma G. Reynard	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 744 W Juniper Ln	Transaction ID: 193-P8259
	City State Zip Code Litchfield Park AZ 85340-6013	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Division Revenue Manager	
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) Peter A. Reynolds	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1934 Port Locksleigh Pl	Transaction ID: 182-P7394
	City State Zip Code Newport Beach CA 92660-6616	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 Chief Acctg Ofcr & Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Kimberlie K Rogers-Bowers	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 91 E Chevalier Ct	Transaction ID: 193-P8202
	City State Zip Code Eighty Four PA 15330-2691	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Sr VP Reg Affairs & Acq I	
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)	400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 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)
William F Ryan

Mailing Address 21832 Delicia Dr

City State Zip Code
Trabuco Canyon CA 92679-3402

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

Name of Employer Occupation
Apria Healthcare VP Corporate Purchasing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 193-P8203

Amount of Each Receipt this Period
260.00

Payroll Deduction
(\$25.00 Bi-Weekly)

B.

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 / 19 / 2009

Transaction ID: 193-P8204

Amount of Each Receipt this Period
125.00

Payroll Deduction
(\$25.00 Bi-Weekly)

C.

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 ▼ 780.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 193-P8205

Amount of Each Receipt this Period
600.00

Payroll Deduction
(\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **985.00**

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 20 / 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) Scott M Sasserson		Date of Receipt
	Mailing Address 121 Deer Run Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	Colchester	CT	06415-1861
	FEC ID number of contributing federal political committee. C		Transaction ID: 193-P8206
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 ▼ 455.00	<input type="text"/> 280.00
			Payroll Deduction (\$35.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Richard H. Scholl		Date of Receipt
	Mailing Address 7 Slater Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	Stony Point	NY	10980-1907
	FEC ID number of contributing federal political committee. C		Transaction ID: 193-P8262
Name of Employer Apria Healthcare		Occupation Regional Clinical Mgr.	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 ▼ 260.00	<input type="text"/> 60.00
			Payroll Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) David C Sears		Date of Receipt
	Mailing Address 119 Cobham Lane Roa		<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 / 19 / 2009
	City	State	Zip Code
	Cabot	PA	16023
	FEC ID number of contributing federal political committee. C		Transaction ID: 193-P8207
Name of Employer Apria Healthcare		Occupation Regional VP 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 ▼ 260.00	<input type="text"/> 60.00
			Payroll Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 400.00
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 21 / 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)
David L. Slack

Mailing Address 1 Via Lavendera

City Rancho Santa Marg State CA Zip Code 92688-1472

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

Name of Employer Apria Healthcare Occupation Dir IS Support Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 19 / 2009

Transaction ID: 193-P8265

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Raoul Smyth

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 Apria Healthcare Occupation VP, Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 19 / 2009

Transaction ID: 193-P8208

Amount of Each Receipt this Period 280.00

Payroll Deduction (\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Gregory A Tewell

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 Apria Healthcare Occupation VP Business Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 19 / 2009

Transaction ID: 193-P8210

Amount of Each Receipt this Period 210.00

Payroll Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 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
	Mailing Address 20 Westchester Ct		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Coto de Caza	CA	92679-4956
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 193-P8211
Name of Employer Apria Healthcare		Occupation Exec VP Logistics	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="825.00"/>
			Payroll Deduction (\$75.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Deanna P Thompson		Date of Receipt
	Mailing Address 177 Montalvo Rd		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Redwood City	CA	94062-3820
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 193-P8212
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 ▼ <input type="text" value="650.00"/>	<input type="text" value="450.00"/>
			Payroll Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Barbara S Underwood		Date of Receipt
	Mailing Address 370 Oakwood Ct		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Palatine	IL	60067-7729
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 193-P8213
Name of Employer Apria Healthcare		Occupation Regional VP Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	<input type="text" value="125.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1400.00"/>
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 23 / 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"/> 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) Scott R Van Hoose		Date of Receipt
	Mailing Address 191 University Blvd # 817		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Denver	CO	80206-4613
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	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 ▼ <input type="text" value="455.00"/>	Transaction ID: 193-P8214 Amount of Each Receipt this Period <input type="text" value="280.00"/> Payroll Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="280.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="14655.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 30	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) VOINOVICH FOR SENATE COMMITTEE		Date of Receipt
	Mailing Address 865 MACON ALLEY		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	COLUMBUS	OH	43206
	FEC ID number of contributing federal political committee.		<input type="text" value="C00309419"/>
Name of Employer		Occupation	Transaction ID: 198
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="3500.00"/>	
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="3500.00"/>	Refund-Reported Q3-08

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3500.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
Contribution to House Candidate

Category/
Type

Candidate Name
ALLYSON Y. SCHWARTZ

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

State: PA District: 13

Transaction ID: 177

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

Mailing Address 2011 Crystal Drive, Ste 725

City State Zip Code
Arlington VA 22202

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

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

State: District:

Transaction ID: 185

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
CITIZENS FOR ARLEN SPECTER

Mailing Address 255 SOUTH 17TH STREET SUITE 603

City State Zip Code
PHILADELPHIA PA 19103

Purpose of Disbursement
Contribution to Senate Candidate

Category/
Type

Candidate Name
ARLEN SPECTER

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

State: PA District: 00

Transaction ID: 175

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS	Transaction ID: 173 Date of Disbursement 05 / 22 / 2009
	Mailing Address 462 California Road	Amount of Each Disbursement this Period 2500.00
	City Bronxville State NY Zip Code 10708	
	Purpose of Disbursement Contribution to House Candidate	011 Category/ Type
	Candidate Name ELIOT ENGEL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 17	

B.	Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	Transaction ID: 187 Date of Disbursement 05 / 04 / 2009
	Mailing Address 25 East Main Street, Suite 200	Amount of Each Disbursement this Period 2500.00
	City Richmond State VA Zip Code 23219	
	Purpose of Disbursement Contribution to PAC	011 Category/ Type
	Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: 171 Date of Disbursement 05 / 08 / 2009
	Mailing Address P.O. BOX 19163	Amount of Each Disbursement this Period 1650.00
	City LAS VEGAS State NV Zip Code 89132	
	Purpose of Disbursement Contribution to Senate Candidate	011 Category/ Type
	Candidate Name HARRY REID	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NV District: 00	

SUBTOTAL of Disbursements This Page (optional)	6650.00
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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

<p>A. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID</p> <p>Mailing Address P.O. BOX 19163</p> <p>City LAS VEGAS State NV Zip Code 89132</p> <p>Purpose of Disbursement Contribution to Senate Candidate</p> <p>Candidate Name HARRY REID</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 172 Date of Disbursement 05 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN</p> <p>Mailing Address PO BOX 3197</p> <p>City LITTLE ROCK State AR Zip Code 72203</p> <p>Purpose of Disbursement Contribution to Senate Candidate</p> <p>Candidate Name BLANCHE LAMBERT LINCOLN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 169 Date of Disbursement 04 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER</p> <p>Mailing Address 7908 Cincinnati Dayton Road</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement Contribution to House Candidate</p> <p>Candidate Name JOHN A BOEHNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 178 Date of Disbursement 06 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3850.00

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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Contribution to Senate Candidate

Candidate Name
SHERROD BROWN

Office Sought: House
 Senate
 President

State: OH District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 176

Date of Disbursement

06 / 03 / 2009

Amount of Each Disbursement this Period

1500.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
Contribution to Senate Candidate

Candidate Name
ORRIN G HATCH

Office Sought: House
 Senate
 President

State: UT District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 180

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

2250.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
KENDRICK MEEK CAMPAIGN FOR CONGRESS

Mailing Address 111 NW 183rd Street

City Miami State FL Zip Code 33169

Purpose of Disbursement
Contribution to House Candidate

Candidate Name
KENDRICK B MEEK

Office Sought: House
 Senate
 President

State: FL District: 17

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 174

Date of Disbursement

06 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

4750.00

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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) KENDRICK MEEK CAMPAIGN FOR CONGRESS	Transaction ID: 179 Date of Disbursement
	Mailing Address 111 NW 183rd Street	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Miami State FL Zip Code 33169	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Senate Candidate	<input type="text" value="2250.00"/>
	Candidate Name KENDRICK B MEEK	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE	Transaction ID: 168 Date of Disbursement
	Mailing Address PO Box 360	<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to House Candidate	<input type="text" value="2000.00"/>
	Candidate Name MICHAEL AVERY ROSS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS	Transaction ID: 170 Date of Disbursement
	Mailing Address 5429 Madison Avenue	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Sacramento State CA Zip Code 95841	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to House Candidate	<input type="text" value="2000.00"/>
	Candidate Name MIKE THOMPSON	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6250.00"/>
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)

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)

SNOWE FOR SENATE

Mailing Address P.O. BOX 2006

City PORTLAND State ME Zip Code 04104

Purpose of Disbursement
Contribution to Senate Candidate

Candidate Name
OLYMPIA J SNOWE

Office Sought: House
 Senate
 President

State: ME District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 166

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

29500.00