

# 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 (12S)  
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 07 01 2010 through 09 30 2010

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 10 06 2010

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:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		55933.65
(b) Cash on Hand at Beginning of Reporting Period .....	77708.65	
(c) Total Receipts (from Line 19) .....	17257.50	49032.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	94966.15	104966.15
7. Total Disbursements (from Line 31) .....	3500.00	13500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	91466.15	91466.15
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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) .....	14815.00	29735.00
(ii) Unitemized .....	2442.50	19297.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17257.50	49032.50
(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) .....	17257.50	49032.50
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 .....	0.00	0.00
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)) .....	17257.50	49032.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17257.50	49032.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	3500.00	8500.00
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	5000.00
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))..	3500.00	13500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	13500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	17257.50	49032.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17257.50	49032.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Allen	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 7893 S Argonne Ct	<b>Transaction ID:</b> 250-P12042
	City State Zip Code Centennial CO 80016-1803	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$100.00 Bi-Weekly)
Name of Employer Coram, Inc.	Occupation EVP, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rochelle Arini-Moza	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 20063 Balmoral Dr	<b>Transaction ID:</b> 250-P12050
	City State Zip Code Macomb MI 48044-2847	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$15.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Area Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas J. Barron	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 48 Summit Ave	<b>Transaction ID:</b> 250-P12038
	City State Zip Code Quincy MA 02170-3701	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Divison VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>965.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robin Barton		Date of Receipt
	Mailing Address 23082 Mullin Rd		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lake Forest	CA	92630-2827
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 250-P11956
Name of Employer Apria Healthcare		Occupation Exec VP, Revenue Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1425.00"/>	<input type="text" value="525.00"/>
			Payroll Deduction (\$75.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Doreen R Bellucci		Date of Receipt
	Mailing Address 2 Brigmore Aisle		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Irvine	CA	92603-5720
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 250-P11957
Name of Employer Apria Healthcare		Occupation VP, Associate General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="665.00"/>	<input type="text" value="245.00"/>
			Payroll Deduction (\$35.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Donna S Blake		Date of Receipt
	Mailing Address 14107 Pembroke St		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Leawood	KS	66224-4553
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 250-P11958
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="285.00"/>	<input type="text" value="90.00"/>
			Payroll Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="860.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James C Bowers		Date of Receipt
	Mailing Address 256 Aerie 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 09 / 24 / 2010
	City	State	Zip Code
	Roseville	CA	95661-4063
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 250-P11959</b>
Name of Employer Apria Healthcare		Occupation Market Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	140.00
			Payroll Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark A Centolella		Date of Receipt
	Mailing Address 8304 Codys Cors		<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 09 / 24 / 2010
	City	State	Zip Code
	Cicero	NY	13039-7921
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 250-P11961</b>
Name of Employer Apria Healthcare		Occupation Area 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 ▼ 665.00	245.00
			Payroll Deduction (\$35.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Danny R. Claycomb		Date of Receipt
	Mailing Address 6301 Shea 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 09 / 24 / 2010
	City	State	Zip Code
	Highlands Ranch	CO	80130-8026
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 250-P12052</b>
Name of Employer Coram, Inc.		Occupation SVP, IV Billing	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 ▼ 570.00	210.00
			Payroll Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>595.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kirby Combs	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 320 Urbano Dr	<b>Transaction ID:</b> 250-P11962
	City State Zip Code San Francisco CA 94127-2869	Amount of Each Receipt this Period 245.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$35.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation VP National Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William F. Comer	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 8350 SW Sexton Mountain Ct	<b>Transaction ID:</b> 250-P12041
	City State Zip Code Beaverton OR 97008-7476	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$30.00 Bi-Weekly)
Name of Employer Coram, Inc.	Occupation VP, Federal Health Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth A. Common	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 1238 N Raymond Ave	<b>Transaction ID:</b> 250-P12039
	City State Zip Code Fullerton CA 92831-2048	Amount of Each Receipt this Period 245.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$35.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation VP Real Estate Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen Cultrera	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 66 Kendall Hill Rd	<b>Transaction ID:</b> 250-P12005
	City Mont Vernon State NH Zip Code 03057-1902	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$15.00 Bi-Weekly)
	Name of Employer Apria Healthcare Occupation Branch Infusion Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 285.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Howard Derman	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 1 Faith	<b>Transaction ID:</b> 250-P12053
	City Irvine State CA Zip Code 92612-3253	Amount of Each Receipt this Period 245.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$35.00 Bi-Weekly)
	Name of Employer Apria Healthcare Occupation EVP, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 665.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael K Dwyer	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 408 W State St	<b>Transaction ID:</b> 250-P11963
	City Burlington State WI Zip Code 53105-1736	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$15.00 Bi-Weekly)
	Name of Employer Apria Healthcare Occupation Area Operations Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>425.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carl M. Fink		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 12005 Starview Ct		<b>Transaction ID:</b> 250-P12054
	City Potomac	State MD	Zip Code 20854-2858
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
	Name of Employer Coram, Inc.	Occupation VP, Outcome & Analytics	Payroll Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen L Foreman		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 5 Hempstead St		<b>Transaction ID:</b> 250-P11965
	City Ladera Ranch	State CA	Zip Code 92694-0229
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
	Name of Employer Apria Healthcare	Occupation Division VP Ancillary Business	Payroll Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Matthew J Gallagher		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 5 Safeguard Pl		<b>Transaction ID:</b> 250-P11966
	City Irvine	State CA	Zip Code 92602-0757
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
	Name of Employer Apria Healthcare	Occupation VP Sales Operations	Payroll Deduction (\$25.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lisa M Getson		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 24806 Oxford Dr		<b>Transaction ID:</b> 250-P11967
	City Laguna Niguel	State CA	Zip Code 92677-8870
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 525.00
	Name of Employer Apria Healthcare	Occupation Exec VP Govt Rel/Invst Re	Payroll Deduction (\$75.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven D Gradwell		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 1549 W Saltsage Dr		<b>Transaction ID:</b> 250-P11968
	City Phoenix	State AZ	Zip Code 85045-1706
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
	Name of Employer Apria Healthcare	Occupation Area VP Ops	Payroll Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael A Graves		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 7430 Lombardi Dr		<b>Transaction ID:</b> 250-P11970
	City Plainfield	State IN	Zip Code 46168-2804
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
	Name of Employer Apria Healthcare	Occupation Dir, Enteral Operations	Payroll Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>840.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 27  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Daniel E. Greenleaf

Mailing Address 4550 E Perry Pkwy

City Greenwood Village State CO Zip Code 80121-2199

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

Name of Employer Coram, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 24 / 2010

**Transaction ID:** 250-P12055

Amount of Each Receipt this Period 245.00

Payroll Deduction (\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Dwayne A Hargis

Mailing Address 926 Ironwood Trl

City Greenwood State IN Zip Code 46143-3042

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

Name of Employer Apria Healthcare Occupation Area VP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt 09 / 24 / 2010

**Transaction ID:** 250-P11971

Amount of Each Receipt this Period 315.00

Payroll Deduction (\$45.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Michael E. Harper

Mailing Address 69818 Camino Pacifico

City Rancho Mirage State CA Zip Code 92270-1871

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

Name of Employer Apria Healthcare Occupation VP, Employee Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 24 / 2010

**Transaction ID:** 250-P12043

Amount of Each Receipt this Period 175.00

Payroll Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **735.00**

**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 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul L Heuvel	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 15200 S. Lakeshore Drive, #235	<b>Transaction ID:</b> 250-P11972
	City State Zip Code Tempe AZ 98528	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$40.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: VP Customer Care Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert S Holcombe	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 38 Oakbrook	<b>Transaction ID:</b> 250-P11973
	City State Zip Code Coto de Caza CA 92679-4742	Amount of Each Receipt this Period 525.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 1425.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Shari A. Jeter	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 9867 W Berry Dr	<b>Transaction ID:</b> 250-P12015
	City State Zip Code Littleton CO 80123-7405	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$20.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: Contacts Center Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>925.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher A. Karkenny		Date of Receipt
	Mailing Address 732 The Strand		<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 09 / 24 / 2010
	City	State	Zip Code
	Hermosa Beach	CA	90254-4457
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 250-P12045</b>
Name of Employer Apria Healthcare		Occupation EVP, CFO	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 ▼ 950.00	<input type="text"/> 350.00
			Payroll Deduction (\$50.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Anthony R. Kilgore		Date of Receipt
	Mailing Address 3050 Henry Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2010
	City	State	Zip Code
	Lake In The Hills	IL	60156-6761
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 250-P12017</b>
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 ▼ 475.00	<input type="text"/> 175.00
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	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 09 / 24 / 2010
	City	State	Zip Code
	Littleton	CO	80127-4260
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 250-P11975</b>
Name of Employer Apria Healthcare		Occupation Area 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 ▼ 475.00	<input type="text"/> 175.00
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Melissa Leone	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 150 Bear Path Rd	<b>Transaction ID:</b> 250-P12020
	City State Zip Code Hamden CT 06514-1329	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Director Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey R. Lyons	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 11320 W 136th St Apt 416	<b>Transaction ID:</b> 250-P12021
	City State Zip Code Overland Park KS 66221-8113	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Area VP Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Winborne T Macphail	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 4406 Staghorn Ct	<b>Transaction ID:</b> 250-P11976
	City State Zip Code Greensboro NC 27410-8285	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$25.00 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 ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>490.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael F. McGrath	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 1209 Reggio Aisle	<b>Transaction ID:</b> 250-P12024
	City State Zip Code Irvine CA 92606-0855	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation Apria Healthcare Dir. Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary K. McHugh	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 1011 Ashwood Ln	<b>Transaction ID:</b> 250-P12046
	City State Zip Code Medina OH 44256-1263	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation Coram, Inc. RVP, Infusion Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael L McKinney	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 209 Nunzia Ct	<b>Transaction ID:</b> 250-P11977
	City State Zip Code Roseville CA 95661-3979	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Bi-Weekly)
	Name of Employer Occupation Apria Healthcare Division VP Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	630.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) George G. Meadows	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 1319 Forest Trails Dr	<b>Transaction ID:</b> 250-P12059
	City State Zip Code Castle Rock CO 80108-8284	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Bi-Weekly)
	Name of Employer Coram, Inc. Occupation Sr. VP, Managed Markets Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dean W. Milligan	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 521 Andalusian Rd	<b>Transaction ID:</b> 250-P12027
	City State Zip Code Schwenksville PA 19473-1882	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$60.00 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 ▼ 1140.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Theresa A Noble	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 41427 N Laurel Valley Way	<b>Transaction ID:</b> 250-P11978
	City State Zip Code Anthem AZ 85086-1281	Amount of Each Receipt this Period 245.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$35.00 Bi-Weekly)
	Name of Employer Apria Healthcare Occupation Regional VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 665.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sarah E. O'Grady		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 2354 Cobble Hill Ter		<b>Transaction ID:</b> 250-P11969
	City Silver Spring	State MD	Zip Code 20902-7625
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
	Name of Employer Coram	Occupation Director, Project Management	Payroll Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Dena R Parker		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 18 San Marco		<b>Transaction ID:</b> 250-P11980
	City Aliso Viejo	State CA	Zip Code 92656-5226
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 525.00
	Name of Employer Apria Healthcare	Occupation Sr. VP, Finance	Payroll Deduction (\$75.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Norman C. Payson		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 453 Beech Hill Rd		<b>Transaction ID:</b> 250-P12047
	City Hopkinton	State NH	Zip Code 03229-2674
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
	Name of Employer Apria Healthcare	Occupation Chief Executive Officer	Payroll Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1015.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven E. Pharr	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 2408 Silverstone Ln	<b>Transaction ID:</b> 250-P12048
	City State Zip Code McKinney TX 75070-5520	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$50.00 Bi-Weekly)
	Name of Employer Occupation Coram, Inc. RVP, Infusion Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Polgardy	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 57 Pathstone	<b>Transaction ID:</b> 250-P12030
	City State Zip Code Irvine CA 92603-0171	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$25.00 Bi-Weekly)
	Name of Employer Occupation Apria Healthcare VP, Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter C Racine	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 32 Las Pisasdas	<b>Transaction ID:</b> 250-P11982
	City State Zip Code Rancho Santa Marg CA 92688-4130	Amount of Each Receipt this Period 245.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$35.00 Bi-Weekly)
	Name of Employer Occupation Apria Healthcare VP, Supply Chain Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>770.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kimberlie K Rogers-Bowers		Date of Receipt
	Mailing Address 91 E Chevalier Ct		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Eighty Four	PA	15330-2691
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 250-P11983
Name of Employer Apria Healthcare		Occupation Sr VP Reg Affairs & Acq I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="475.00"/>	<input type="text" value="175.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Garrett Y Saito		Date of Receipt
	Mailing Address 28 Flintstone		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Aliso Viejo	CA	92656-1919
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 250-P11984
Name of Employer Apria Healthcare		Occupation 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="475.00"/>	<input type="text" value="175.00"/>
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Tami Salley		Date of Receipt
	Mailing Address 304 Oak Ridge Dr		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Venetia	PA	15367-1160
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 250-P11985
Name of Employer Apria Healthcare		Occupation Division VP Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1140.00"/>	<input type="text" value="420.00"/>
			Payroll Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="770.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott M Sasserson		Date of Receipt 09 / 24 / 2010		
	Mailing Address 13 Willowglade		<b>Transaction ID:</b> 250-P11986		
	City Trabuco Canyon	State CA	Zip Code 92679-3813	Amount of Each Receipt this Period 245.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$35.00 Bi-Weekly)		
Name of Employer Apria Healthcare		Occupation SVP, Customer Care Center			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 665.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard H. Scholl		Date of Receipt 09 / 24 / 2010		
	Mailing Address 7 Slater Dr		<b>Transaction ID:</b> 250-P12032		
	City Stony Point	State NY	Zip Code 10980-1907	Amount of Each Receipt this Period 140.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$20.00 Bi-Weekly)		
Name of Employer Apria Healthcare		Occupation Division Respiratory Mgr.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) David C Sears		Date of Receipt 09 / 24 / 2010		
	Mailing Address 119 Cobham Lane Roa		<b>Transaction ID:</b> 250-P11987		
	City Cabot	State PA	Zip Code 16023	Amount of Each Receipt this Period 140.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$20.00 Bi-Weekly)		
Name of Employer Apria Healthcare		Occupation Area VP Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>525.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

David L. Slack

Mailing Address 17076 Birds Eye Dr

City State Zip Code  
Perris CA 92570-7376

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

Name of Employer Occupation  
Apria Healthcare VP, Network

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 24 / 2010

Transaction ID: 250-P12034

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Raoul Smyth

Mailing Address 11 Ensueno E

City State Zip Code  
Irvine CA 92620-1844

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

Name of Employer Occupation  
Apria Healthcare VP, Associate General Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 665.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 24 / 2010

Transaction ID: 250-P11988

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Gregory A Tewell

Mailing Address 213 N Willow Springs Rd

City State Zip Code  
Orange CA 92869-4534

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

Name of Employer Occupation  
Apria Healthcare VP Business Systems

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 570.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 24 / 2010

Transaction ID: 250-P11990

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

595.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew Cameron Thompson		Date of Receipt
	Mailing Address 20 Westchester 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 09 / 24 / 2010
	City	State	Zip Code
	Coto de Caza	CA	92679-4956
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 250-P11991
Name of Employer Apria Healthcare		Occupation Exec 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"/> 1425.00	<input type="text"/> 525.00
			Payroll Deduction (\$75.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Deanna P Thompson		Date of Receipt
	Mailing Address 177 Montalvo 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 09 / 24 / 2010
	City	State	Zip Code
	Redwood City	CA	94062-3820
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 250-P11992
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"/> 950.00	<input type="text"/> 350.00
			Payroll Deduction (\$50.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Barbara S Underwood		Date of Receipt
	Mailing Address 370 Oakwood 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 09 / 24 / 2010
	City	State	Zip Code
	Palatine	IL	60067-7729
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 250-P11993
Name of Employer Apria Healthcare		Occupation Division Customer Serv 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 ▼ <input type="text"/> 475.00	<input type="text"/> 175.00
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1050.00
<b>TOTAL</b> 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 25 / 27  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Scott R Van Hoose

Mailing Address 191 University Blvd # 817

City State Zip Code  
Denver CO 80206-4613

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

Name of Employer Occupation  
Apria Healthcare Director, National Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt: 09 / 24 / 2010  
**Transaction ID:** 250-P11994

Amount of Each Receipt this Period: 245.00

Payroll Deduction: (\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Andrew Wagner

Mailing Address 670 Carson Ct

City State Zip Code  
Carmel IN 46033-9744

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

Name of Employer Occupation  
Apria Healthcare Branch Manager 2

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 24 / 2010  
**Transaction ID:** 250-P11995

Amount of Each Receipt this Period: 90.00

Payroll Deduction: (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Jay C Wendt

Mailing Address 4112 Church Hill Ln

City State Zip Code  
Crystal Lake IL 60014-6522

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

Name of Employer Occupation  
Apria Healthcare Regional VP Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt: 09 / 24 / 2010  
**Transaction ID:** 250-P11997

Amount of Each Receipt this Period: 210.00

Payroll Deduction: (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **545.00**

**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 26 / 27  
(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

**A.** Full Name (Last, First, Middle Initial)  
Julie Williams

Mailing Address 9827 Donegal Dr

City State Zip Code  
Dallas TX 75218-2808

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

Name of Employer Occupation  
Coram, Inc. Director, Ambulatory Infctve

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2010

**Transaction ID:** 250-P12057

Amount of Each Receipt this Period  
175.00

Payroll Deduction  
(\$25.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mary F. Zega

Mailing Address 10346 Alveston St

City State Zip Code  
Orland Park IL 60462-3072

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

Name of Employer Occupation  
Coram, Inc. SVP, Infusion Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2010

**Transaction ID:** 250-P12049

Amount of Each Receipt this Period  
175.00

Payroll Deduction  
(\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**TOTAL** This Period (last page this line number only) ..... ► **14815.00**

**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)  
BETTY SUTTON FOR CONGRESS

Mailing Address 1700 W Market St #155

City Akron State OH Zip Code 44313

Purpose of Disbursement  
Contribution to House Candidate

Candidate Name  
BETTY S. MS. SUTTON

Office Sought:  House  
 Senate  
 President

State: OH District: 13

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 243

Date of Disbursement

08 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
RANGEL FOR CONGRESS

Mailing Address PO Box 5577

City New York State NY Zip Code 10027

Purpose of Disbursement  
Contribution to House Candidate

Candidate Name  
CHARLES B RANGEL

Office Sought:  House  
 Senate  
 President

State: NY District: 15

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 242

Date of Disbursement

07 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

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

3500.00

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

3500.00