

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="119138.65"/>	<input type="text" value="119138.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="127548.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13312.50"/>	<input type="text" value="25292.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="140861.15"/>	<input type="text" value="144431.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="5570.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="138861.15"/>	<input type="text" value="138861.15"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	9435.00	12270.00
(ii) Unitemized	3877.50	13022.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13312.50	25292.50
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	13312.50	25292.50
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	13312.50	25292.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13312.50	25292.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	5500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	70.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	70.00
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	5570.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	5570.00

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)	13312.50	25292.50
34. Total Contribution Refunds (from Line 28(d))	0	70.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13312.50	25222.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0	0

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
<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

Full Name (Last, First, Middle Initial) A. Robert Allen		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16725
Mailing Address 7893 S Argonne Ct		Amount of Each Receipt this Period 700.00
City Centennial State CO Zip Code 80016-1803	FEC ID number of contributing federal political committee. C	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 ▼ 1300.00

Full Name (Last, First, Middle Initial) B. Thomas J. Barron		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16722
Mailing Address 48 Summit Ave		Amount of Each Receipt this Period 125.00
City Quincy State MA Zip Code 02170-3701	FEC ID number of contributing federal political committee. C	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 ▼ 325.00

Full Name (Last, First, Middle Initial) C. Doreen R Bellucci		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16657
Mailing Address 2 Brigmore Aisle		Amount of Each Receipt this Period 245.00
City Irvine State CA Zip Code 92603-5720	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

SUBTOTAL of Receipts This Page (optional).....▶	1070.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James C Bowers
Full Name (Last, First, Middle Initial)

Mailing Address 256 Aerie Ct

City Roseville State CA Zip Code 95661-4063

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

Name of Employer Apria Healthcare Occupation Market Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 29 / 2012
Transaction ID : 329-P16659

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$20.00 Bi-Weekly)

B. Mark A Centolella
Full Name (Last, First, Middle Initial)

Mailing Address 8304 Codys Cors

City Cicero State NY Zip Code 13039-7921

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 ▼ 455.00

Date of Receipt 06 / 29 / 2012
Transaction ID : 329-P16661

Amount of Each Receipt this Period 245.00

Payroll Deduction (\$35.00 Bi-Weekly)

C. Danny R. Claycomb
Full Name (Last, First, Middle Initial)

Mailing Address 6301 Shea Pl

City Highlands Ranch State CO Zip Code 80130-8026

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

Name of Employer Coram, Inc. Occupation SVP, IV Billing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 29 / 2012
Transaction ID : 329-P16734

Amount of Each Receipt this Period 210.00

Payroll Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 515.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
<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. Kirby Combs
Full Name (Last, First, Middle Initial)

Mailing Address 320 Urbano Dr

City San Francisco State CA Zip Code 94127-2869

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

Name of Employer Apria Healthcare Occupation VP National Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16662

Amount of Each Receipt this Period **245.00**

Payroll Deduction **(\$35.00 Bi-Weekly)**

B. Kenneth A. Common
Full Name (Last, First, Middle Initial)

Mailing Address 1238 N Raymond Ave

City Fullerton State CA Zip Code 92831-2048

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

Name of Employer Apria Healthcare Occupation VP Real Estate Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16723

Amount of Each Receipt this Period **245.00**

Payroll Deduction **(\$35.00 Bi-Weekly)**

C. Stephen L Foreman
Full Name (Last, First, Middle Initial)

Mailing Address 21 Sea Grape Rd

City Ladera Ranch State CA Zip Code 92694-1315

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

Name of Employer Apria Healthcare Occupation Division VP Ancillary Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16664

Amount of Each Receipt this Period **60.00**

Payroll Deduction **(\$20.00 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 9 OF 20
<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

Full Name (Last, First, Middle Initial)
A. Matthew J Gallagher

Mailing Address 5 Safeguard Pl

City Irvine State CA Zip Code 92602-0757

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

Name of Employer Apria Healthcare Occupation VP Sales Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 29 / 2012**

Transaction ID : 329-P16665

Amount of Each Receipt this Period **125.00**

Payroll Deduction **(\$25.00 Bi-Weekly)**

Full Name (Last, First, Middle Initial)
B. Lisa M Getson

Mailing Address 24806 Oxford Dr

City Laguna Niguel State CA Zip Code 92677-8870

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

Name of Employer Apria Healthcare Occupation Exec VP Govt Rel/Invst Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt **06 / 29 / 2012**

Transaction ID : 329-P16666

Amount of Each Receipt this Period **525.00**

Payroll Deduction **(\$75.00 Bi-Weekly)**

Full Name (Last, First, Middle Initial)
C. Steven D Gradwell

Mailing Address 1549 W Saltsage Dr

City Phoenix State AZ Zip Code 85045-1706

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 ▼ **325.00**

Date of Receipt **06 / 29 / 2012**

Transaction ID : 329-P16667

Amount of Each Receipt this Period **125.00**

Payroll Deduction **(\$25.00 Bi-Weekly)**

SUBTOTAL of Receipts This Page (optional)..... **775.00**

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 10 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. Michael A Graves			Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16668
Mailing Address 7430 Lombardi Dr			Amount of Each Receipt this Period 60.00
City Plainfield	State IN	Zip Code 46168-2804	Payroll Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 260.00	
Name of Employer Apria Healthcare	Occupation Dir, Enteral Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Daniel E. Greenleaf			Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16735
Mailing Address 4550 E Perry Pkwy			Amount of Each Receipt this Period 245.00
City Greenwood Village	State CO	Zip Code 80121-2199	Payroll Deduction (\$35.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 455.00	
Name of Employer Coram, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dwayne A Hargis			Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16669
Mailing Address 926 Ironwood Trl			Amount of Each Receipt this Period 315.00
City Greenwood	State IN	Zip Code 46143-3042	Payroll Deduction (\$45.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 585.00	
Name of Employer Apria Healthcare	Occupation Area VP Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	620.00
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 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Paul L Heuvel
Full Name (Last, First, Middle Initial)

Mailing Address 1513 Via Tulipan

City San Clemente State CA Zip Code 92673-3714

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

Name of Employer Apria Healthcare Occupation VP Customer Care Center

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **06 / 29 / 2012**

Transaction ID : 329-P16670

Amount of Each Receipt this Period **280.00**

Payroll Deduction **(\$40.00 Bi-Weekly)**

B. Robert S Holcombe
Full Name (Last, First, Middle Initial)

Mailing Address 38 Oakbrook

City Coto de Caza State CA Zip Code 92679-4742

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

Name of Employer Apria Healthcare Occupation Exec VP General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt **06 / 29 / 2012**

Transaction ID : 329-P16671

Amount of Each Receipt this Period **525.00**

Payroll Deduction **(\$75.00 Bi-Weekly)**

C. Shari A. Jeter
Full Name (Last, First, Middle Initial)

Mailing Address 9867 W Berry Dr

City Littleton State CO Zip Code 80123-7405

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

Name of Employer Apria Healthcare Occupation Contacts Center Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 29 / 2012**

Transaction ID : 329-P16705

Amount of Each Receipt this Period **60.00**

Payroll Deduction **(\$20.00 Bi-Weekly)**

SUBTOTAL of Receipts This Page (optional)..... **865.00**

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

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

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

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

A. Christopher A. Karkenny
 Full Name (Last, First, Middle Initial)
 Mailing Address 732 The Strand
 City Hermosa Beach State CA Zip Code 90254-4457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Apria Healthcare Occupation EVP, CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16727
 Amount of Each Receipt this Period **350.00**
 Payroll Deduction **(\$50.00 Bi-Weekly)**

B. Jerome D Lafontaine
 Full Name (Last, First, Middle Initial)
 Mailing Address 8445 S Newcombe St
 City Littleton State CO Zip Code 80127-4260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Apria Healthcare Occupation Area VP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16673
 Amount of Each Receipt this Period **125.00**
 Payroll Deduction **(\$25.00 Bi-Weekly)**

C. Melissa Leone
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Bear Path Rd
 City Hamden State CT Zip Code 06514-1329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Apria Healthcare Occupation Director Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16709
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction **(\$20.00 Bi-Weekly)**

SUBTOTAL of Receipts This Page (optional).....▶	535.00
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 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Jeffrey R. Lyons		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16710
Mailing Address 11205 W 125th Ter		Amount of Each Receipt this Period 125.00
City Overland Park	State KS	Zip Code 66213-2134
FEC ID number of contributing federal political committee. C		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 ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Michael F. McGrath		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16713
Mailing Address 1209 Reggio Aisle		Amount of Each Receipt this Period 60.00
City Irvine	State CA	Zip Code 92606-0855
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Dir. Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) c. Mary K. McHugh		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16728
Mailing Address 1011 Ashwood Ln		Amount of Each Receipt this Period 60.00
City Medina	State OH	Zip Code 44256-1263
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Coram, Inc.	Occupation RVP, Infusion Sales	
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 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael L McKinney
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 Nunzia Ct
 City Roseville State CA Zip Code 95661-3979
 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 / 29 / 2012**
Transaction ID : 329-P16674
 Amount of Each Receipt this Period **350.00**
 Payroll Deduction **(\$50.00 Bi-Weekly)**

B. George G. Meadows
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 Forest Trails Dr
 City Castle Rock State CO Zip Code 80108-8284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coram, Inc. Occupation Sr. VP, Managed Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16739
 Amount of Each Receipt this Period **210.00**
 Payroll Deduction **(\$30.00 Bi-Weekly)**

C. Dean W. Milligan
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 Andalusian Rd
 City Schwenksville State PA Zip Code 19473-1882
 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 ▼ **780.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16715
 Amount of Each Receipt this Period **420.00**
 Payroll Deduction **(\$60.00 Bi-Weekly)**

SUBTOTAL of Receipts This Page (optional).....▶	980.00
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 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dena R Parker
Full Name (Last, First, Middle Initial)
Mailing Address 18 San Marco
City Aliso Viejo State CA Zip Code 92656-5226
FEC ID number of contributing federal political committee. **C**
Name of Employer Apria Healthcare Occupation Sr. VP, Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 20 / 2012**
Transaction ID : 323-P16167
Amount of Each Receipt this Period **150.00**
Payroll Deduction **(\$75.00 Bi-Weekly)**

B. Norman C. Payson
Full Name (Last, First, Middle Initial)
Mailing Address 453 Beech Hill Rd
City Hopkinton State NH Zip Code 03229-2674
FEC ID number of contributing federal political committee. **C**
Name of Employer Apria Healthcare Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **650.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16729
Amount of Each Receipt this Period **350.00**
Payroll Deduction **(\$50.00 Bi-Weekly)**

C. Steven E. Pharr
Full Name (Last, First, Middle Initial)
Mailing Address 2408 Silverstone Ln
City McKinney State TX Zip Code 75070-5520
FEC ID number of contributing federal political committee. **C**
Name of Employer Coram, Inc. Occupation RVP, Infusion Sales
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **650.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16730
Amount of Each Receipt this Period **350.00**
Payroll Deduction **(\$50.00 Bi-Weekly)**

SUBTOTAL of Receipts This Page (optional)..... **850.00**
TOTAL This Period (last page this line number only).....

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

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

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

A. Kimberlie K Rogers-Bowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 E Chevalier Ct
 City Eighty Four State PA Zip Code 15330-2691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Apria Healthcare Occupation Sr VP Reg Affairs & Acq I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16677
 Amount of Each Receipt this Period **125.00**
 Payroll Deduction **(\$25.00 Bi-Weekly)**

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

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16678
 Amount of Each Receipt this Period **125.00**
 Payroll Deduction **(\$25.00 Bi-Weekly)**

C. Tami Salley
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Oak Ridge Dr
 City Venetia State PA Zip Code 15367-1160
 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 **780.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : 329-P16679
 Amount of Each Receipt this Period **420.00**
 Payroll Deduction **(\$60.00 Bi-Weekly)**

SUBTOTAL of Receipts This Page (optional)..... **670.00**
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 17 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Richard H. Scholl		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16718
Mailing Address 7 Slater Dr		Amount of Each Receipt this Period 60.00
City Stony Point	State NY	Zip Code 10980-1907
FEC ID number of contributing federal political committee. C		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 ▼ 260.00	

Full Name (Last, First, Middle Initial) B. David C Sears		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16680
Mailing Address 119 Cobham Lane Roa		Amount of Each Receipt this Period 60.00
City Cabot	State PA	Zip Code 16023
FEC ID number of contributing federal political committee. C		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 ▼ 260.00	

Full Name (Last, First, Middle Initial) C. David L. Slack		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16719
Mailing Address 17076 Birds Eye Dr		Amount of Each Receipt this Period 60.00
City Perris	State CA	Zip Code 92570-7376
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation VP, Network	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. Raoul Smyth		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16681
Mailing Address 11 Ensueno E		Amount of Each Receipt this Period 245.00
City Irvine	State CA	Zip Code 92620-1844
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	

Full Name (Last, First, Middle Initial) B. Gregory A Tewell		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16683
Mailing Address 213 N Willow Springs Rd		Amount of Each Receipt this Period 210.00
City Orange	State CA	Zip Code 92869-4534
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation VP Business Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Andrew Cameron Thompson		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16684
Mailing Address 20 Westchester Ct		Amount of Each Receipt this Period 525.00
City Coto de Caza	State CA	Zip Code 92679-4956
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation Exec VP Ops	
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).....▶	980.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 20
<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

Full Name (Last, First, Middle Initial) A. Deanna P Thompson		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16685
Mailing Address 177 Montalvo Rd		Amount of Each Receipt this Period 350.00
City Redwood City	State CA	Zip Code 94062-3820
FEC ID number of contributing federal political committee. C	Name of Employer Apria Healthcare	Occupation Division VP Sales
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	Payroll Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Julie Williams		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16737
Mailing Address 643 Big Oak Ct		Amount of Each Receipt this Period 125.00
City Rockwall	State TX	Zip Code 75087-2260
FEC ID number of contributing federal political committee. C	Name of Employer Coram, Inc.	Occupation Director, Ambulatory Infctve
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	Payroll Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) c. Mary F. Zega		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 329-P16731
Mailing Address 10346 Alveston St		Amount of Each Receipt this Period 125.00
City Orland Park	State IL	Zip Code 60462-3072
FEC ID number of contributing federal political committee. C	Name of Employer Coram, Inc.	Occupation SVP, Infusion Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	Payroll Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	9435.00

**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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GLENN THOMPSON

Mailing Address PO BOX 1112

City STATE COLLEGE State PA Zip Code 16804

Purpose of Disbursement
Contribution to House Candidate

011

Candidate Name

GLENN THOMPSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2012

Transaction ID : 320

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARSHA BLACKBURN FOR CONGRESS, INC.

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement
Contribution to House Candidate

011

Candidate Name

MARSHA BLACKBURN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2012

Transaction ID : 321

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

2000.00
