



APRIA HEALTHCARE®

26220 Enterprise Court
Lake Forest, California 92630
Tel (949) 639-2000

RECEIVED
2013 AUG -8 PM 1:24
FEC MAIL CENTER

August 6, 2013

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463.

**Re: Apria Healthcare LLC PAC
FEC ID Number C00240218
Amended Statement of Organization**

Ladies/Gentlemen:

Enclosed is an Amended Statement of Organization. This amended Statement reflects the name change of the PAC as well as its connected organization. Apria Healthcare, Inc., the connected organization, converted to a limited liability company and changed its name to Apria Healthcare LLC. Accordingly, the Political Action Committee changed its name to Apria Healthcare LLC Political Action Committee.

Please contact me by telephone at (949) 639-4423 or by email at Carolyn_borgmeyer@apria.com should you have any questions.

Sincerely,

Carolyn Borgmeyer
Assistant Treasurer
Apria Healthcare PAC

/cb

13031110528

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Apria Healthcare LLC Political Action Committee

ADDRESS (number and street)

26220 Enterprise Court



(Check if address
is changed)

Lake Forest

CA

92630

8405

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)



(Check if address
is changed)

apriapac@apria.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

08

1

2013

3. FEC IDENTIFICATION NUMBER

C00240218

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Raoul Smyth, Treasurer

Signature of Treasurer

Date

08

06

2013

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

13031110529

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

13031110530

Write or Type Committee Name

Apria Healthcare LLC Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Apria Healthcare LLC

Mailing Address

26220 Enterprise Court

Lake Forest

CITY

CA

STATE

92630

ZIP CODE

- 8405

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Raoul Smyth

Mailing Address

26220 Enterprise Court

Lake Forest

CITY

CA

STATE

92630

ZIP CODE

- 8405

Treasurer

Telephone number

949

- 639

- 2000

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Raoul Smyth

Mailing Address

26220 Enterprise Court

Lake Forest

CITY

CA

STATE

92630

ZIP CODE

- 8405

Title or Position

Treasurer

Telephone number

949

- 639

- 2000

13031110531

Full Name of Designated Agent

Carolyn Borgmeyer

Mailing Address

26220 Enterprise Court

Lake Forest

CITY

CA

STATE

92630

ZIP CODE

-8405

Title or Position

Assistant Treasurer

Telephone number

949

-639

-2000

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

1655 Grant Street, Building A - 10th Floor

Concord

CITY

CA

STATE

94520

ZIP CODE

-2445

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031110532

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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USPS Priority Mail Postmarked

USPS Express Mail Postmarked

Postmark Illegible

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Overnight Delivery Service (Specify): UPS Shipping Date
8/6/13
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER

8/8/13
 DATE PREPARED

13031110533