REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee
(SUMMARY PAGE)

RECEIVED
FEDERAL ELECTION
COMMISSION

JUL 19 11 22 AM '98

1. NAME OF COMMITTEE (in full)
APRIA HEALTHCARE, INC.
POLITICAL ACTION COMMITTEE

ADDRESS(number and street)___Check if different than previously reported
3560 Hyland Avenue

CITY, STATE and ZIP CODE
Costa Mesa, CA 92626

2. FEC IDENTIFICATION NUMBER
C00240218

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

4. TYPE OF REPORT

(a) ___April 15 Quarterly

XX July 15 Quarterly Report

___October 15 Quarterly Report

___January 31 Year End Report

___July 31 Mid Year Report (Non-election Year Only)

___Termination Report

(b) Is this Report an Amendment? ___ YES XX NO

Monthly Report Due On:

___ February 20	___ June 20	___ October 20
___ March 20	___ July 20	___ November 20
___ April 20	___ August 20	___ December 20
___ May 20	___ September 20	___ January 31

___ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

___ Thirtieth day report following General Election on _____ in the State of _____

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period **04-01-98** through **06-30-98**		
6. (a) Cash on Hand January 1, 1998	XXXXXXXXXXX	$ 67,026.99
(b) Cash on Hand at Beginning of Reporting Period	$ 75,379.32	XXXXXXXXXXX
(c) Total Receipts (from Line 19)	$ 6,476.60	$ 14,828.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 81,855.92	$ 81,855.92
7. Total Disbursements (from Line 30)	$ 4,384.70	$ 4,384.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 77,471.22	$ 77,471.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

Further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
John A. Fioretto, Jr.

Signature of Treasurer: John A. Fioretto

Date: 7/14/98

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
APRIA HEALTHCARE, INC.
POLITICAL ACTION COMMITTEE

Report Covering Period
From 04-01-98 To 06-30-98

	COLUMN A Total This Period	COLUMN B Calendar Year
I. RECEIPTS		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A).....	3,197.08	5,950.81
ii. Unitemized.....	2,310.60	7,457.41
iii. Total.....(add i and ii) >	5,507.68	13,408.22
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add a iii,b and c) >	5,507.68	13,408.22
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.).....	0.00	0.00
16. Refunds of Contributions Made to Fed. Candidates Other Pol. Com...	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	468.92	920.71
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17 and 18) >	6,476.60	14,828.93
20. Total Federal Receipts.....(subtract line 18 from line 19) >	6,476.60	14,828.93
II.DISBURSEMENTS		
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 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 and Other Political Com.....	4,000.00	4,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures by Party Com.(2 U.S.C.441a(d))(Sch. 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.....	384.70	384.70
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contribution Refunds.....(Add a, b and c) >	384.70	384.70
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(add 21c,22,23,24,25,26,27,28d,and 29) >	4,384.70	4,384.70
31. Total Federal Disbursements.(subtract line 21 a ii from line 30) >	4,384.70	4,384.70
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES		
32. Total Contributions (other than loans)(from line 11d).....	5,507.68	13,408.22
33. Total Contributions Refunds (from line 28d).....	384.70	384.70
34. Net Contributions (other than loans)(subtract line 33 from 32)....	5,122.98	13,023.52
35. Total Federal Operating Expenditures.....(add 21 a i and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Individuals/
Persons Other Than Political Committees)

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

PAGE 1 OF 4

FOR LINE NUMBER 11(a)(i)

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 C00240218

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date		Date (month, day, year)	Amount of Each Receipt this Period
Aronson, Sharee L. 27101 Green Hills Lane Laguna Hills, CA 92653	Apria Healthcare, Inc.		04-10-98	20.00
			04-24-98	20.00
			05-08-98	20.00
	Dir Public Relations		05-22-98	20.00
	Aggregate Year-to-date>	$240.00	06-05-98	20.00
Dietz, Daniel S. 1752 Devonwood Road Rochester Hills, MI 48306	Apria Healthcare, Inc.			
	Regional V.P.			
	Aggregate Year-to-date>	$520.00		
	Bi-Weekly PR Deduction of...	$40.00	Total this period	240.00
Ennis, Carol 1512 Canyon Lake Drive Santa Ana, CA 92705	Apria Healthcare, Inc.			
	VP, Products & Serv.			
	Aggregate Year-to-date>	$325.00		
	Bi-Weekly PR Deduction of...	$25.00	Total this period	150.00
Getson, Lisa M. 2415 Naples Newport Beach, CA 92660	Apria Healthcare, Inc.			
	S.V.P., Marketing			
	Aggregate Year-to-date>	$325.00		
	Bi-Weekly PR Deduction of...	$25.00	Total this period	150.00
Hargis, Dwayne A. 6131 White Alder Court Plainfield, IN 46168	Apria Healthcare, Inc.			
	Regional V.P.			
	Aggregate Year-to-date>	$585.00		
	Bi-Weekly PR Deduction of...	$45.00	Total this period	270.00

SUBTOTAL of Receipts This Page (Optional).....> $910.00

TOTAL This Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Individuals/
Persons Other Than Political Committees)

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

PAGE 2 OF 4
FOR LINE NUMBER 11(a)(i)

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

C00240218

Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date		Date (month, day, year)	Amount of Each Receipt this Period
Holcombe, Robert S. 38 Oakbrook Drive Coto de Caza, CA 92679	Apria Healthcare, Inc. Sr. Vice President Aggregate Year-to-date>	$520.00		
	Bi-Weekly PR Deduction of...	$40.00	Total this period	240.00
Keenan, Michael J. 4004 262nd Place, SE Issaquah, WA 98027	Apria Healthcare, Inc. Regional V.P. Aggregate Year-to-date>	$499.98		
	Bi-Weekly PR Deduction of...	$38.46	Total this period	230.76
Kendzierski, Beth A. 4048 Mistral Drive Huntington Beach, CA 92649	Apria Healthcare, Inc. Manager, Tax Aggregate Year-to-date>	$260.00		
	Bi-Weekly PR Deduction of...	$20.00	Total this period	120.00
Mastrovich, Lawrence 119 Surrey Drive Canonsburg, PA 15317	Apria Healthcare, Inc. Regional V.P. Aggregate Year-to-date>	$260.00		
	Bi-Weekly PR Deduction of...	$20.00	Total this period	120.00
Meadows, Vicki L. P.O. Box 692 Scott Depot, WV 25560	Apria Healthcare, Inc. Sales Associate Aggregate Year-to-date>	$208.00		
	Bi-Weekly PR Deduction of...	$16.00	Total this period	96.00

SUBTOTAL of Receipts This Page (Optional).....> $806.76

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

SCHEDULE A — ITEMIZED RECEIPTS (Contributions from Individuals/ Persons Other Than Political Committees)

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

PAGE 3 OF 4

FOR LINE NUMBER 11(a)(i)

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 — C00240218

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date		Date (month, day, year)	Amount of Each Receipt this Period
Rickman, Robert H. 2400 Chello Court Raleigh, NC 27612	Apria Healthcare, Inc. Regional V.P. Aggregate Year-to-date>	$520.00		
	Bi-Weekly PR Deduction of...	$40.00	Total this period	240.00
Robbins, Thomas M. 10990 Blackbrook Drive Duluth, GA 30136	Apria Healthcare, Inc. EVP, Field Ops. Aggregate Year-to-date>	$520.00		
	Bi-Weekly PR Deduction of...	$40.00	Total this period	240.00
Schrup, Mary E. 700 1/2 Orchid Avenue Corona Del Mar, CA 92625	Apria Healthcare, Inc. Regional Sales Mgr. Aggregate Year-to-date>	$260.00		
	Bi-Weekly PR Deduction of...	$20.00	Total this period	120.00
Skare, Susan K. 4726 East El Rito Orange, CA 92867	Apria Healthcare, Inc.		04-10-98	19.23
			04-24-98	19.23
			05-08-98	19.23
	SVP, Human Resources		05-22-98	19.23
	Aggregate Year-to-date>	$230.76	06-05-98	19.23
Sutton, James M. 13 Sepulveda Rancho Santa Margarita, CA 92688	Apria Healthcare, Inc. Dir., Medical Econ. Aggregate Year-to-date>	$499.98		
	Bi-Weekly PR Deduction of...	$38.46	Total this period	230.76

SUBTOTAL of Receipts This Page (Optional)....> $926.91

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

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Individuals/
Persons Other Than Political Committees)

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

PAGE 4 OF 4

FOR LINE NUMBER 11(a)(i)

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

C00240218

Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date		Date (month, day, year)	Amount of Each Receipt this Period
Wallace, Merl A. 21622 Honeysuckle Street Trabuco Canyon, CA 92679	Apria Healthcare, Inc. EVP, Corp. Ops. Aggregate Year-to-date>	$520.00		
	Bi-Weekly PR Deduction of...	$40.00	Total this period	240.00
Welch, Dennis E. 3 San Miguel Coto de Caza, CA 92679	Apria Healthcare, Inc. EVP, Sales Aggregate Year-to-date>	$429.00		
	Bi-Weekly PR Deduction of...	$33.00	Total this period	198.00
Wilson, Timothy E. 14001 Fontana Leawood, KS 66224	Apria Healthcare, Inc. Regional V.P. Aggregate Year-to-date>	$384.70	04-10-98 04-24-98 05-08-98	38.47 38.47 38.47

SUBTOTAL of Receipts This Page (Optional).....> $553.41

TOTAL This Period (last page this line number only).....> $3,197.08

SCHEDULE A

ITEMIZED RECEIPTS
(Other Federal Receipts)

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

PAGE 1 OF 1

FOR LINE NUMBER 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 C00240218

Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bank of America 1850 Gateway Boulevard Concord CA 94520-	Interest Earned	04-30-98 05-29-98 06-30-98	155.44 158.18 155.30
	Aggregate Year to date> $920.71		

SUBTOTAL of Receipts This Page (Optional).....> $468.92

TOTAL This Period (last page this line number only).....> $468.92

SCHEDULE A

ITEMIZED RECEIPTS
(Refunds of Contributions Made To Federal Candidates and Other Political Committees)

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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 C00240218

Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Coyne For Congress William J. Coyne 33rd Floor, Gulf Tower Pittsburgh, PA 15219	6/26/97 check not cashed Aggregate Year to date> $500.00	06-01-98	500.00

SUBTOTAL of Receipts This Page (Optional).....> $500.00

TOTAL This Period (last page this line number only).....> $500.00

SCHEDULE B — ITEMIZED DISBURSEMENTS (Contributions to Federal Candidates/ Committees and Other Political Committees)

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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 C00240218

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Disburse. For:	Date (month, day, year)	Amount of Each Disbursement This Period
John Ensign for U.S. Senate 405 S. Decatur Las Vegas, Nevada 89107	Senate Candidate, Nevada	Primary	05-01-98	3,000.00
		General	05-01-98	1,000.00

SUBTOTAL of Disbursements This Page (optional).....> $4,000.00

TOTAL This Period (last page this line number only).....> $4,000.00

SCHEDULE B — ITEMIZED DISBURSEMENTS (Refunds of Contributions to Individuals/Persons Other Than Political Parties)

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

PAGE 1 OF 1

FOR LINE NUMBER 28a

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.

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period	Disb. for
Wilson, Timothy E. 14001 Fontana Leawood, KS 66224	Refund of Contributions	05-22-98	384.70	Other

SUBTOTAL of Disbursements This Page (optional).....> $384.70

TOTAL This Period (last page this line number only).....> $384.70

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7/15/98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

EJC
PREPARER

7/19/98
DATE PREPARED

(4/98)