REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

AUG 3 9 57 AM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

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 Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☒ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01-01-99 through 06-30-99		
6. (a) Cash on Hand January 1, 19 99		$ 30,494.21
(b) Cash on Hand at Beginning of Reporting Period	$ 30,494.21	
(c) Total Receipts (from Line 19)	$ 7,299.51	$ 7,299.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 37,793.72	$ 37,793.51
7. Total Disbursements (from Line 30)	$ 5,000.00	$ 5,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 32,793.72	$ 32,793.72
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Carolyn Borgmeyer

Signature of Treasurer
Carolyn Borgmeyer, Assistant Treasurer

Date
07/30/99

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 6/93)

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 01/01/99 TO: 06/30/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	2,897.52	2,897.52	11(a)(i)
i. Itemized (use Schedule A)	4,045.80	4,045.80	11(a)(ii)
ii. Unitemized	6,943.32	6,943.32	11(a)(iii)
iii. Total (add i and ii) ➤	0.00	0.00	11(b)
b. Political Party Committees	0.00	0.00	11(c)
c. Other Political Committees (such as PACs)	6,943.32	6,943.32	11(d)
d. Total Contributions (add a-iii, b and c) ➤	0.00	0.00	12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13. All Loans Received	0.00	0.00	14
14. Loan Repayments Received	0.00	0.00	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	356.19	356.19	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18. Transfers from Nonfederal Account for Joint Activity	7,299.51	7,299.51	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	7,299.51	7,299.51	20
20. Total Federal Receipts (subtract line 16 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	21(a)(i)
i. Federal Share	0.00	0.00	21(a)(ii)
ii. Non-Federal Share	0.00	0.00	21(b)
b. Other Federal Operating Expenditures	0.00	0.00	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	22
22. Transfers to Affiliated/Other Party Committees	5,000.00	5,000.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24
24. Independent Expenditures (use Schedule E)	0.00	0.00	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26. Loan Repayments Made	0.00	0.00	27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,000.00	5,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,000.00	5,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6,943.32	6,943.32	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,943.32	6,943.32	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

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 2
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
Getson, Lisa M. 2415 Naples Newport Beach, CA 92660	Apria Healthcare, Inc. S.V.P.Bus.Devlpmnt Aggregate Year-to-date>	$300.00		
	Bi-Weekly PR Deduction of...	$25.00	Total this period	300.00
Hargis, Dwayne A. 6131 White Alder Court Plainsfield, IN 46168	Apria Healthcare, Inc. Regional V.P., Ops Aggregate Year-to-date>	$540.00		
	Bi-Weekly PR Deduction of...	$45.00	Total this period	540.00
Holcombe, Robert S. 38 Oakbrook Drive Coto de Caza, CA 92679	Apria Healthcare, Inc. Sr. Vice President Aggregate Year-to-date>	$480.00		
	Bi-Weekly PR Deduction of...	$40.00	Total this period	480.00
Keenan, Michael J. 13325 Winstanley San Diego, CA 92130	Apria Healthcare, Inc. Division V.P., Ops Aggregate Year-to-date>	$461.52		
	Bi-Weekly PR Deduction of...	$41.96	Total this period	461.52
Mastrovich, Larry 105 Country View Lane McMurray, PA 15317	Apria Healthcare, Inc. E.V.P. Revenue Mgmt. Aggregate Year-to-date>	$240.00		
	Bi-Weekly PR Deduction of...	$20.00	Total this period	240.00

SUBTOTAL of Receipts This Page (Optional)----------> $2,021.52

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 2
FOR LINE NUMBER 11(a)(i)

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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 R. 2400 Chello Court Raleigh, NC 27612	Apria Healthcare, Inc. Division V.P., Ops Aggregate Year-to-date>	$480.00		
	Bi-Weekly PR Deduction of...	$40.00	Total this period	480.00
Walsh, Dennis E. 101 South Lasende Laguna Beach, CA 92651	Apria Healthcare, Inc. EVP, Sales Aggregate Year-to-date>	$396.00		
	Bi-Weekly PR Deduction of...	$33.00	Total this period	396.00

SUBTOTAL of Receipts This Page (Optional).....> $876.00

TOTAL This Period (last page this line number only).....> $2,897.52

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

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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		01-31-99	56.44
			02-28-99	54.49
			03-31-99	60.43
			04-30-99	62.09
	Aggregate Year to date>	$356.19	05-28-99	65.89
			06-30-99	56.85

SUBTOTAL of Receipts This Page (Optional).....> $356.19

TOTAL This Period (last page this line number only).....> $356.19

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

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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
KOMPAC P.O. Box 625 Batavia, IL 60510	Contrib. to D. Hastert, House Candidate, IL, 14th Dist.	Primary 2000	04-23-99	3,000.00
Levin For Congress 436 New Jersey Avenue, S.E. Washington, D.C.	House Candidate, 12th Dist. Michigan	Primary 2000	04-23-99	1,000.00
Rangel For Congress Committee P.O.Box 5577 New York, New York 10027	House candidate, New York, 15th District	Primary 2000	04-23-99	1,000.00

SUBTOTAL of Disbursements This Page (optional).....> $5,000.00

TOTAL This Period (last page this line number only).....> $5,000.00

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
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☐	Electronic Filing	

PREPARER

8/3/94
DATE PREPARED

(4/98)