

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

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="2014"/>		181628.65
(b) Cash on Hand at Beginning of Reporting Period.....	181056.15	
(c) Total Receipts (from Line 19)	5985.00	21612.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	187041.15	203241.15
7. Total Disbursements (from Line 31).....	0	16200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	187041.15	187041.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

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).....	4920.00	11655.00
(ii) Unitemized	1065.00	9957.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5985.00	21612.50
(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)	5985.00	21612.50
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))..... ▶	5985.00	21612.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5985.00	21612.50

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	4200.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	4200.00
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	12000.00
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	0
(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	0
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))..	0	16200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	16200.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	5985.00	21612.50
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5985.00	21612.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	4200.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	4200.00

**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 OF 13
<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 LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Rochelle Arini-Moza		Date of Receipt MM / DD / YYYY 09 / 19 / 2014 Transaction ID : 413-P20980
Mailing Address 20063 Balmoral Dr		Amount of Each Receipt this Period 90.00
City Macomb	State MI	Zip Code 48044-2847
FEC ID number of contributing federal political committee. C	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	

Full Name (Last, First, Middle Initial) B. Doreen R Bellucci		Date of Receipt MM / DD / YYYY 09 / 19 / 2014 Transaction ID : 413-P20936
Mailing Address 2 Brigmore Aisle		Amount of Each Receipt this Period 210.00
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 ▼ 665.00	

Full Name (Last, First, Middle Initial) C. Donna S Blake		Date of Receipt MM / DD / YYYY 09 / 19 / 2014 Transaction ID : 413-P20937
Mailing Address 14107 Pembroke St		Amount of Each Receipt this Period 90.00
City Leawood	State KS	Zip Code 66224-4553
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$15.00 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 ▼ 285.00	

SUBTOTAL of Receipts This Page (optional).....▶	390.00
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 13
	<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 LLC POLITICAL ACTION COMMITTEE

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 ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : 413-P20938

Amount of Each Receipt this Period
120.00

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 ▼ **665.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : 413-P20940

Amount of Each Receipt this Period
210.00

Payroll Deduction
 (\$35.00 Bi-Weekly)

C. 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 ▼ **665.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : 413-P20941

Amount of Each Receipt this Period
210.00

Payroll Deduction
 (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **540.00**

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 13
<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 LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Kenneth A. Common		Date of Receipt MM / DD / YYYY 09 / 19 / 2014 Transaction ID : 413-P20979
Mailing Address 1238 N Raymond Ave		Amount of Each Receipt this Period 210.00
City Fullerton	State CA	Zip Code 92831-2048
FEC ID number of contributing federal political committee. C	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	

Full Name (Last, First, Middle Initial) B. Michael K Dwyer		Date of Receipt MM / DD / YYYY 09 / 19 / 2014 Transaction ID : 413-P20942
Mailing Address 408 W State St		Amount of Each Receipt this Period 90.00
City Burlington	State WI	Zip Code 53105-1736
FEC ID number of contributing federal political committee. C	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	

Full Name (Last, First, Middle Initial) C. Matthew J Gallagher		Date of Receipt MM / DD / YYYY 09 / 19 / 2014 Transaction ID : 413-P20943
Mailing Address 5 Safeguard Pl		Amount of Each Receipt this Period 150.00
City Irvine	State CA	Zip Code 92602-0757
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation VP Sales Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 13
<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 LLC POLITICAL ACTION COMMITTEE

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

Mailing Address 24806 Oxford Dr

City Laguna Niguel	State CA	Zip Code 92677-8870
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FEC ID number of contributing federal political committee. **C**

Name of Employer Apria Healthcare	Occupation Exec VP Govt Rel/Invst Re
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : 413-P20944

Amount of Each Receipt this Period
450.00

Payroll Deduction
(\$75.00 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
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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 ▼
1425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : 413-P20945

Amount of Each Receipt this Period
450.00

Payroll Deduction
(\$75.00 Bi-Weekly)

C. Jerome D Lafontaine
Full Name (Last, First, Middle Initial)

Mailing Address 8445 S Newcombe St

City Littleton	State CO	Zip Code 80127-4260
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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 ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : 413-P20947

Amount of Each Receipt this Period
150.00

Payroll Deduction
(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 13
	<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 LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Michael F. McGrath			Date of Receipt MM / DD / YYYY 09 / 19 / 2014 Transaction ID : 413-P20974
Mailing Address 1209 Reggio Aisle			Amount of Each Receipt this Period 120.00
City Irvine	State CA	Zip Code 92606-0855	Payroll Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 380.00	
Name of Employer Apria Healthcare	Occupation Dir. Internal Audit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dean W. Milligan			Date of Receipt MM / DD / YYYY 09 / 19 / 2014 Transaction ID : 413-P20975
Mailing Address 521 Andalusian Rd			Amount of Each Receipt this Period 360.00
City Schwenksville	State PA	Zip Code 19473-1882	Payroll Deduction (\$60.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1140.00	
Name of Employer Apria Healthcare	Occupation Division VP Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kimberlie K Rogers-Bowers			Date of Receipt MM / DD / YYYY 09 / 19 / 2014 Transaction ID : 413-P20949
Mailing Address 91 E Chevalier Ct			Amount of Each Receipt this Period 150.00
City Eighty Four	State PA	Zip Code 15330-2691	Payroll Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 475.00	
Name of Employer Apria Healthcare	Occupation Sr VP Reg Affairs & Acq I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	630.00
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 13
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. 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 ▼ **475.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 413-P20950

Amount of Each Receipt this Period
150.00

Payroll Deduction
 (\$25.00 Bi-Weekly)

B. 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 ▼ **1140.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 413-P20951

Amount of Each Receipt this Period
360.00

Payroll Deduction
 (\$60.00 Bi-Weekly)

C. Richard H. Scholl
Full Name (Last, First, Middle Initial)

Mailing Address 7 Slater Dr

City Stony Point State NY Zip Code 10980-1907

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

Name of Employer Apria Healthcare Occupation Division Respiratory Mgr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 413-P20977

Amount of Each Receipt this Period
120.00

Payroll Deduction
 (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **630.00**

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 12 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Raoul Smyth

Mailing Address 11 Ensueno E

City Irvine State CA Zip Code 92620-1844

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

Name of Employer Apria Healthcare Occupation VP, Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 413-P20952

Amount of Each Receipt this Period
210.00

Payroll Deduction
 (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Gregory A Tewell

Mailing Address 213 N Willow Springs Rd

City Orange State CA Zip Code 92869-4534

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

Name of Employer Apria Healthcare Occupation VP Business Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 413-P20953

Amount of Each Receipt this Period
180.00

Payroll Deduction
 (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Andrew Cameron Thompson

Mailing Address 20 Westchester Ct

City Coto de Caza State CA Zip Code 92679-4956

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

Name of Employer Apria Healthcare Occupation Exec VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 413-P20954

Amount of Each Receipt this Period
450.00

Payroll Deduction
 (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **840.00**

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 13
	<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 LLC POLITICAL ACTION COMMITTEE

A. Deanna P Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 177 Montalvo Rd

City	State	Zip Code
Redwood City	CA	94062-3820

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

Name of Employer	Occupation
Apria Healthcare	Division VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2014

Transaction ID : 413-P20955

Amount of Each Receipt this Period

300.00

Payroll Deduction
 (\$50.00 Bi-Weekly)

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

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2014

Transaction ID : 413-P20957

Amount of Each Receipt this Period

90.00

Payroll Deduction
 (\$15.00 Bi-Weekly)

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	390.00
TOTAL This Period (last page this line number only).....▶	4920.00