

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

ADDRESS (number and street) 26220 ENTERPRISE COURT LAKE FOREST CA 92630

2. FEC IDENTIFICATION NUMBER C00240218 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 01 01 2008 through 02 13 2008

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 RAOUL SMYTH

Signature of Treasurer Electronically Filed by RAOUL SMYTH Date 02 21 2008

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
1	3

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		9587.60
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	9587.60									
(c) Total Receipts (from Line 19)	11099.05	11099.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20686.65	20686.65								
7. Total Disbursements (from Line 31)	12000.00	12000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8686.65	8686.65								
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									

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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
1	3

Y	Y	Y	Y
2	0	0	8

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	3032.70	3032.70
(i) Itemized (use Schedule A)	8066.35	8066.35
(ii) Unitemized	11099.05	11099.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11099.05	11099.05
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.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11099.05	11099.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11099.05	11099.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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 21(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/Committees and Other Political Committees.....	10500.00	10500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule 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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1500.00	1500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12000.00	12000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	12000.00

DETAILED SUMMARY PAGE
of Disbursements

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)	11099.05	11099.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11099.05	11099.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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 / 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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Robin Barton	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 23082 Mullin Rd	Transaction ID: 93-P3326
	City State Zip Code Lake Forest CA 92630-2827	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Exec VP, Revenue Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Lisa M Getson	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 24806 Oxford Dr	Transaction ID: 93-P3343
	City State Zip Code Laguna Niguel CA 92677-8870	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Exec VP Govt Rel/Invst Re	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Lawrence Mead Higby	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 218 Via Lido Nord	Transaction ID: 93-P3351
	City State Zip Code Newport Beach CA 92663-4608	Amount of Each Receipt this Period 307.70
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$153.85 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Chief Exec Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.55	

SUBTOTAL of Receipts This Page (optional)	457.70
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 / 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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.	Full Name (Last, First, Middle Initial) Robert S Holcombe	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 38 Oakbrook	Transaction ID: 93-P3352
	City State Zip Code Coto de Caza CA 92679-4742	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: Exec VP General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Philip R. Lochner	Date of Receipt MM / DD / YYYY 01 / 23 / 2008
	Mailing Address 699 Lake Ave	Transaction ID: 88
	City State Zip Code Greenwich CT 06830-3333	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Apria Healthcare Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Lawrence Mastrovich	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 5 Flax Ct	Transaction ID: 93-P3359
	City State Zip Code Coto de Caza CA 92679-5133	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: President and COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	425.00
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 8 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 William E Monast
 Mailing Address 5 Barbaras Way
 City Lincoln State RI Zip Code 02865-1431
 Date of Receipt MM / DD / YYYY
02 / 01 / 2008
Transaction ID: 93-P3361
 Amount of Each Receipt this Period 75.00
 Payroll Deduction (\$75.00 Bi-Weekly)
 FEC ID number of contributing federal political committee. C
 Name of Employer Apria Healthcare Occupation Division VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 225.00

B. Full Name (Last, First, Middle Initial)
 Norman C. Payson
 Mailing Address 453 Beech Hill Rd
 City Hopkinton State NH Zip Code 03229-2674
 Date of Receipt MM / DD / YYYY
01 / 23 / 2008
Transaction ID: 87
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Apria Healthcare Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1000.00

C. Full Name (Last, First, Middle Initial)
 Andrew Cameron Thompson
 Mailing Address 20 Westchester Ct
 City Coto de Caza State CA Zip Code 92679-4956
 Date of Receipt MM / DD / YYYY
02 / 01 / 2008
Transaction ID: 93-P3377
 Amount of Each Receipt this Period 75.00
 Payroll Deduction (\$75.00 Bi-Weekly)
 FEC ID number of contributing federal political committee. C
 Name of Employer Apria Healthcare Occupation Exec VP Logistics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 225.00

SUBTOTAL of Receipts This Page (optional) 1150.00
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 9 / 13	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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.

Full Name (Last, First, Middle Initial) Mahvash Yazdi		Date of Receipt																					
Mailing Address 30263 Avenida de Calma		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	3		2	0	0	8														
City	State	Zip Code	Transaction ID: 86																				
Rancho Palos Verd	CA	90275-4504	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	1000.00																				
Name of Employer Apria Healthcare	Occupation Director																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00																						

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	3032.70

**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

A.	Full Name (Last, First, Middle Initial) ED ROYCE FOR CONGRESS	Transaction ID: 67 Date of Disbursement 01 / 11 / 2008
	Mailing Address P.O. Box 2525	Amount of Each Disbursement this Period 1000.00
	City Orange State CA Zip Code 92859	
	Purpose of Disbursement Contribution to House Candidate, CA - 40	011 Category/Type
	Candidate Name ED MR ROYCE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FREEDOM FUND	Transaction ID: 65 Date of Disbursement 01 / 11 / 2008
	Mailing Address 1155 21st Street NW	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Contribution to PAC	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: 66 Date of Disbursement 01 / 11 / 2008
	Mailing Address 607 14TH STREET NW SUITE 800	Amount of Each Disbursement this Period 3000.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement Contribution to Senate Candidate, LA	011 Category/Type
	Candidate Name MARY L LANDRIEU	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

**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

A.	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE	Transaction ID: 89 Date of Disbursement 02 / 13 / 2008
	Mailing Address 205 South 5th Ave	Amount of Each Disbursement this Period 1000.00
	City La Crosse State WI Zip Code 54601	
	Purpose of Disbursement Contribution to House Candidate Candidate Name RON KIND Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MEUSER FOR CONGRESS	Transaction ID: 95 Date of Disbursement 02 / 13 / 2008
	Mailing Address P. O. Box 1730	Amount of Each Disbursement this Period 500.00
	City Kingston State PA Zip Code 18704	
	Purpose of Disbursement Contribution to House Candidate Candidate Name DANIEL P MEUSER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) PIONEER POLITICAL ACTION COMMITTEE	Transaction ID: 68 Date of Disbursement 01 / 11 / 2008
	Mailing Address 412 First Street S.E.	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution to PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**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)

PAGE 12 / 13

<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

A.	Full Name (Last, First, Middle Initial) TEAM SUNUNU	Transaction ID: 90 Date of Disbursement 02 / 13 / 2008
	Mailing Address PO BOX 500	Amount of Each Disbursement this Period 1000.00
	City RYE State NH Zip Code 03870	
	Purpose of Disbursement Contribution to Senate Candidate	011 Category/ Type
	Candidate Name JOHN E SUNUNU	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: 64 Date of Disbursement 01 / 11 / 2008
	Mailing Address 2021 E Dublin Granville Road	Amount of Each Disbursement this Period 1000.00
	City Columbus State OH Zip Code 43229	
	Purpose of Disbursement Contribution to House Candidate, OH - 12	011 Category/ Type
	Candidate Name PATRICK J TIBERI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	10500.00

**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)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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

A.

Full Name (Last, First, Middle Initial)
Friends of Supervisor Janet Nguyen

Mailing Address 12866 Main St, Suite 202

City State Zip Code
Garden Grove CA 92840

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Janet Nguyen

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 00

Transaction ID: 97

Date of Disbursement

02 / 13 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Taxpayers for Ackerman

Mailing Address 3943 Irvine Blvd., # 34

City State Zip Code
Irvine CA 92602

Purpose of Disbursement
Contribution Candidate, State Bd. Equal

011
Category/
Type

Candidate Name
Richard Ackerman

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 03

Transaction ID: 85

Date of Disbursement

01 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00