

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

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="2013"/>		<input type="text" value="153418.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="153418.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20227.50"/>	<input type="text" value="20227.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="173646.15"/>	<input type="text" value="173646.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10500.00"/>	<input type="text" value="10500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="163146.15"/>	<input type="text" value="163146.15"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

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).....	9600.00	9600.00
(ii) Unitemized	10627.50	10627.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20227.50	20227.50
(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)	20227.50	20227.50
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))..... ▶	20227.50	20227.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20227.50	20227.50

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	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	10500.00
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)) ..	10500.00	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	10500.00

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)	20227.50	20227.50
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20227.50	20227.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0	0

**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 20
<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

Full Name (Last, First, Middle Initial) A. Robert Allen		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18652
Mailing Address 7893 S Argonne Ct		Amount of Each Receipt this Period 1100.00
City Centennial State CO Zip Code 80016-1803	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Bi-Weekly)
Name of Employer Coram, Inc. Occupation EVP, Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00

Full Name (Last, First, Middle Initial) B. Thomas J. Barron		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18656
Mailing Address 48 Summit Ave		Amount of Each Receipt this Period 125.00
City Quincy State MA Zip Code 02170-3701	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation Divison VP Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00

Full Name (Last, First, Middle Initial) C. Doreen R Bellucci		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18658
Mailing Address 2 Brigmore Aisle		Amount of Each Receipt this Period 280.00
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 ▼ 455.00

SUBTOTAL of Receipts This Page (optional).....▶	1505.00
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 20
	<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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Full Name (Last, First, Middle Initial) A. James C Bowers		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18661
Mailing Address 256 Aerie Ct		Amount of Each Receipt this Period 60.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
		Payroll Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mark A Centolella		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18665
Mailing Address 8304 Codys Cors		Amount of Each Receipt this Period 280.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	
		Payroll Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Danny R. Claycomb		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18666
Mailing Address 6301 Shea Pl		Amount of Each Receipt this Period 210.00
City Highlands Ranch	State CO	Zip Code 80130-8026
FEC ID number of contributing federal political committee. C	Name of Employer Coram, Inc.	Occupation SVP, IV Billing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
		Payroll Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 20
<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

Full Name (Last, First, Middle Initial) A. Kirby Combs		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18667
Mailing Address 320 Urbano Dr		Amount of Each Receipt this Period 280.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	Payroll Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Kenneth A. Common		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18668
Mailing Address 1238 N Raymond Ave		Amount of Each Receipt this Period 280.00
City Fullerton	State CA	Zip Code 92831-2048
FEC ID number of contributing federal political committee. C	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 ▼ 455.00	Payroll Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Stephen L Foreman		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18673
Mailing Address 21 Sea Grape Rd		Amount of Each Receipt this Period 60.00
City Ladera Ranch	State CA	Zip Code 92694-1315
FEC ID number of contributing federal political committee. C	Name of Employer Apria Healthcare	Occupation Division VP Ancillary Business
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	620.00
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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Matthew J Gallagher

Mailing Address 5 Safeguard Pl

City Irvine State CA Zip Code 92602-0757

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

Name of Employer: Apria Healthcare Occupation: VP Sales Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt: **06 / 28 / 2013**

Transaction ID : **369-P18674**

Amount of Each Receipt this Period: **125.00**

Payroll Deduction: **(\$25.00 Bi-Weekly)**

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

Mailing Address 24806 Oxford Dr

City Laguna Niguel State CA Zip Code 92677-8870

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

Name of Employer: Apria Healthcare Occupation: Exec VP Govt Rel/Invst Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt: **06 / 28 / 2013**

Transaction ID : **369-P18676**

Amount of Each Receipt this Period: **825.00**

Payroll Deduction: **(\$75.00 Bi-Weekly)**

Full Name (Last, First, Middle Initial)
C. Steven D Gradwell

Mailing Address 1549 W Saltsage Dr

City Phoenix State AZ Zip Code 85045-1706

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 ▼ **325.00**

Date of Receipt: **06 / 28 / 2013**

Transaction ID : **369-P18677**

Amount of Each Receipt this Period: **125.00**

Payroll Deduction: **(\$25.00 Bi-Weekly)**

SUBTOTAL of Receipts This Page (optional)..... **1075.00**

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 20
	<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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Full Name (Last, First, Middle Initial)
A. Michael A Graves

Mailing Address 7430 Lombardi Dr

City State Zip Code
Plainfield IN 46168-2804

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

Name of Employer Occupation
Apria Healthcare Dir, Enteral Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2013
Transaction ID : 369-P18678

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Dwayne A Hargis

Mailing Address 926 Ironwood Trl

City State Zip Code
Greenwood IN 46143-3042

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

Name of Employer Occupation
Apria Healthcare Area VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2013
Transaction ID : 369-P18680

Amount of Each Receipt this Period
405.00

Payroll Deduction
(\$45.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Robert S Holcombe

Mailing Address 38 Oakbrook

City State Zip Code
Coto de Caza CA 92679-4742

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

Name of Employer Occupation
Apria Healthcare Exec VP General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
975.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2013
Transaction ID : 369-P18682

Amount of Each Receipt this Period
825.00

Payroll Deduction
(\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1290.00
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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jerome D Lafontaine
 Full Name (Last, First, Middle Initial)
 Mailing Address 8445 S Newcombe St
 City Littleton State CO Zip Code 80127-4260
 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 **325.00**

Date of Receipt **06 / 28 / 2013**
Transaction ID : 369-P18687
 Amount of Each Receipt this Period **125.00**
 Payroll Deduction **(\$25.00 Bi-Weekly)**

B. Melissa Leone
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Bear Path Rd
 City Hamden State CT Zip Code 06514-1329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Apria Healthcare Occupation Director Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 28 / 2013**
Transaction ID : 369-P18689
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction **(\$20.00 Bi-Weekly)**

C. Jeffrey R. Lyons
 Full Name (Last, First, Middle Initial)
 Mailing Address 11205 W 125th Ter
 City Overland Park State KS Zip Code 66213-2134
 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 **300.00**

Date of Receipt **06 / 14 / 2013**
Transaction ID : 368-P18629
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction **(\$25.00 Bi-Weekly)**

SUBTOTAL of Receipts This Page (optional).....	285.00
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 12 OF 20
	<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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A. Michael F. McGrath
Full Name (Last, First, Middle Initial)

Mailing Address 1209 Reggio Aisle

City Irvine State CA Zip Code 92606-0855

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

Name of Employer Apria Healthcare Occupation Dir. Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 28 / 2013**

Transaction ID : 369-P18692

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$20.00 Bi-Weekly)

B. Mary K. McHugh
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Ashwood Ln

City Medina State OH Zip Code 44256-1263

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

Name of Employer Coram, Inc. Occupation RVP, Infusion Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 28 / 2013**

Transaction ID : 369-P18693

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$20.00 Bi-Weekly)

C. Michael L McKinney
Full Name (Last, First, Middle Initial)

Mailing Address 209 Nunzia Ct

City Roseville State CA Zip Code 95661-3979

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 ▼ **650.00**

Date of Receipt **06 / 28 / 2013**

Transaction ID : 369-P18694

Amount of Each Receipt this Period **450.00**

Payroll Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **570.00**

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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) A. George G. Meadows		Date of Receipt MM / DD / YYYY 05 / 17 / 2013 Transaction ID : 366-P18514
Mailing Address 1319 Forest Trails Dr		Amount of Each Receipt this Period 120.00
City Castle Rock	State CO	Zip Code 80108-8284
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Bi-Weekly)	
Name of Employer Coram, Inc.	Occupation Sr. VP, Managed Markets	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dean W. Milligan		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18696
Mailing Address 521 Andalusian Rd		Amount of Each Receipt this Period 600.00
City Schwenksville	State PA	Zip Code 19473-1882
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$60.00 Bi-Weekly)	
Name of Employer Apria Healthcare	Occupation Division VP Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) C. Kimberlie K Rogers-Bowers		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18700
Mailing Address 91 E Chevalier Ct		Amount of Each Receipt this Period 125.00
City Eighty Four	State PA	Zip Code 15330-2691
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)	
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) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	845.00
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 14 OF 20
	<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 INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

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 ▼ **325.00**

Date of Receipt **06 / 28 / 2013**

Transaction ID : 369-P18701

Amount of Each Receipt this Period **125.00**

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 ▼ **780.00**

Date of Receipt **06 / 28 / 2013**

Transaction ID : 369-P18702

Amount of Each Receipt this Period **600.00**

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 ▼ **260.00**

Date of Receipt **06 / 28 / 2013**

Transaction ID : 369-P18703

Amount of Each Receipt this Period **60.00**

Payroll Deduction
(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **785.00**

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 15 OF 20
<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

Full Name (Last, First, Middle Initial) A. David L. Slack		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18705
Mailing Address 17076 Birds Eye Dr		Amount of Each Receipt this Period 60.00
City Perris	State CA	Zip Code 92570-7376
FEC ID number of contributing federal political committee. C	Name of Employer Apria Healthcare	Occupation VP, Network
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Raoul Smyth		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18707
Mailing Address 11 Ensueno E		Amount of Each Receipt this Period 280.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	Payroll Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Gregory A Tewell		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : 369-P18709
Mailing Address 213 N Willow Springs Rd		Amount of Each Receipt this Period 210.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	Payroll Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 16 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Andrew Cameron Thompson
 Full Name (Last, First, Middle Initial)
 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 **975.00**

Date of Receipt **06 / 28 / 2013**
Transaction ID : 369-P18710
 Amount of Each Receipt this Period **825.00**
 Payroll Deduction **(\$75.00 Bi-Weekly)**

B. Deanna P Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 177 Montalvo Rd
 City Redwood City State CA Zip Code 94062-3820
 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 **650.00**

Date of Receipt **06 / 28 / 2013**
Transaction ID : 369-P18711
 Amount of Each Receipt this Period **450.00**
 Payroll Deduction **(\$50.00 Bi-Weekly)**

C. Julie Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 643 Big Oak Ct
 City Rockwall State TX Zip Code 75087-2260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coram, Inc. Occupation Director, Ambulatory Infctve
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 28 / 2013**
Transaction ID : 369-P18715
 Amount of Each Receipt this Period **125.00**
 Payroll Deduction **(\$25.00 Bi-Weekly)**

SUBTOTAL of Receipts This Page (optional)..... **1400.00**
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 17 OF 20
(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"/> 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)
Mary F. Zega

Mailing Address 10346 Alveston St

City State Zip Code
Orland Park IL 60462-3072

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

Name of Employer Occupation
Coram, Inc. SVP, Infusion Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2013

Transaction ID : 369-P18716

Amount of Each Receipt this Period
125.00

Payroll Deduction
(\$25.00 Bi-Weekly)

B. 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
MM / DD / YYYY

Amount of Each Receipt this Period

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	9600.00

**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)

<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

Full Name (Last, First, Middle Initial)

A. AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

Mailing Address 2011 CRYSTAL DRIVE, STE 725

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
Contribution to PAC

011

Candidate Name
AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2013

Transaction ID : 360

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BRALEY FOR CONGRESS (P)

Mailing Address PO BOX 390

City WATERLOO State IA Zip Code 50704

Purpose of Disbursement
Contribution to House Candidate

011

Candidate Name
BRUCE L BRALEY

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2013

Transaction ID : 355

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. COLLINS FOR SENATOR (P)

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
Contribution to Senate Candidate

011

Candidate Name
SUSAN M COLLINS

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: ME District: 00

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2013

Transaction ID : 361

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

Full Name (Last, First, Middle Initial)

A. DIANE BLACK FOR CONGRESS (P)

Mailing Address PO BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement
Contribution to House Candidate

011

Candidate Name

DIANE L MRS. BLACK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	3

Transaction ID : 362

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FRIENDS OF GLENN THOMPSON (P)

Mailing Address PO BOX 1112

City State Zip Code
STATE COLLEGE PA 16804

Purpose of Disbursement
Contribution to House Candidate

011

Candidate Name

GLENN THOMPSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 356

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. HAGAN FOR US SENATE INC (P)

Mailing Address PO BOX 29103

City State Zip Code
GREENSBORO NC 27429

Purpose of Disbursement
Contribution to Senate Candidate

011

Candidate Name

KAY R HAGAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 359

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

2	5	0	0	0	0	0	0	0	0

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

2	5	0	0	0	0	0	0	0	0

