

# 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  
 Check if different than previously reported. (ACC)  
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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 04 2008 in the State of CA

5. Covering Period 10 01 2008 through 11 24 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 12 04 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 **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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

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 .....	8944.60									
(c) Total Receipts (from Line 19) .....	13106.55	79663.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22051.15	89251.15								
7. Total Disbursements (from Line 31) .....	5000.00	72200.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17051.15	17051.15								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

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	12616.55	54359.70
(i) Itemized (use Schedule A) .....	490.00	24303.85
(ii) Unitemized .....	13106.55	78663.55
(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) .....	13106.55	78663.55
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	1000.00
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)) .....	13106.55	79663.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13106.55	79663.55

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	0.00	64200.00
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.....	5000.00	8000.00
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))..	5000.00	72200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	72200.00

**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 .....	13106.55	78663.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13106.55	78663.55
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 / 40
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary T Ake		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 249 Eastfield Ave		<b>Transaction ID:</b> 151-P6303
	City State Zip Code Stedman NC 28391-9449	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$10.00 Bi-Weekly)	
	Name of Employer: Apria Healthcare Occupation: Branch Manager 3 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Amy J Anderson		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 6699 Old Ridge Rd		<b>Transaction ID:</b> 151-P6354
	City State Zip Code Fairview PA 16415-2056	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$10.00 Bi-Weekly)	
	Name of Employer: Apria Occupation: Branch Manager 1 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas J. Barron		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 48 Summit Ave		<b>Transaction ID:</b> 151-P6412
	City State Zip Code Quincy MA 02170-3701	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>180.00</b>
<b>TOTAL</b> 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 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robin Barton		Date of Receipt
	Mailing Address 23082 Mullin Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Lake Forest	CA	92630-2827
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6304
Name of Employer Apria Healthcare		Occupation Exec VP, Revenue Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	300.00
			Payroll Deduction (\$75.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Doreen R Bellucci		Date of Receipt
	Mailing Address 2 Brigmore Aisle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Irvine	CA	92603-5720
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6305
Name of Employer Apria Healthcare		Occupation VP, Associate General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 785.00	140.00
			Payroll Deduction (\$35.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Donna S Blake		Date of Receipt
	Mailing Address 14107 Pembroke St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Leawood	KS	66224-4553
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6306
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	60.00
			Payroll Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> 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 / 40
	<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	

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**

<b>A.</b>	Full Name (Last, First, Middle Initial) James C Bowers		Date of Receipt
	Mailing Address 256 Aerie Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Roseville	CA	95661-4063
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 151-P6307</b>
Name of Employer Apria Healthcare		Occupation Market Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	<input type="text"/> 80.00
			Payroll Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard D. Brady		Date of Receipt
	Mailing Address 9910 Camberly Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Granite Bay	CA	95746-6653
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 151-P6414</b>
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 100.00
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Bruce E Brindle		Date of Receipt
	Mailing Address 3396 Altherton Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Bethel Park	PA	15102-1161
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 151-P6308</b>
Name of Employer Apria Healthcare		Occupation Regional VP Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 40.00
			Payroll Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 220.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Alana J Burton		Date of Receipt
	Mailing Address 20 Relampago		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Rancho Santa Marg	CA	92688-3333
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 151-P6309
Name of Employer Apria Healthcare		Occupation Mgr Info Systems	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 40.00
			Payroll Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Albert J. Cafferty		Date of Receipt
	Mailing Address 46 Forest St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Whitman	MA	02382-1113
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 151-P6360
Name of Employer Apria Healthcare		Occupation Branch Manager 3	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 40.00
			Payroll Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Carl L. Caldwell		Date of Receipt
	Mailing Address 513 California Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Oakdale	CA	95361-3005
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 151-P6361
Name of Employer Apria Healthcare		Occupation Branch Manager 4	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 40.00
			Payroll Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 120.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 40  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Mark A Centolella

Mailing Address 8304 Codys Cors

City State Zip Code  
Cicero NY 13039-7921

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

Name of Employer Occupation  
Apria Healthcare Regional VP Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** 151-P6310

Amount of Each Receipt this Period  
140.00

Payroll Deduction  
(\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Kirby Combs

Mailing Address 320 Urbano Dr

City State Zip Code  
San Francisco CA 94127-2869

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

Name of Employer Occupation  
Apria Healthcare VP National Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** 151-P6311

Amount of Each Receipt this Period  
140.00

Payroll Deduction  
(\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth A. Common

Mailing Address 1238 N Raymond Ave

City State Zip Code  
Fullerton CA 92831-2048

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

Name of Employer Occupation  
Apria Healthcare VP Real Estate Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** 151-P6413

Amount of Each Receipt this Period  
140.00

Payroll Deduction  
(\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **420.00**

**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 / 40
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah J Crimmins	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 4 Blossom Hill Ct	<b>Transaction ID:</b> 151-P6312
	City Rexford State NY Zip Code 12148-1531	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Apria Healthcare Occupation VP Strat Bus Ops	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00
		(\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen Cultrera	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 66 Kendall Hill Rd	<b>Transaction ID:</b> 151-P6363
	City Mont Vernon State NH Zip Code 03057-1902	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Apria Healthcare Occupation Branch Infusion Manager	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00
		(\$15.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeannine M. Delivron	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 24 Crestwood Dr	<b>Transaction ID:</b> 151-P6366
	City Avon State CT Zip Code 06001-2920	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Apria Healthcare Occupation Branch Manager 4	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00
		(\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> 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 / 40
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark P Destephano		Date of Receipt
	Mailing Address PO Box 594		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlton	MA	01507-0594
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Regional Customer Service	<b>Transaction ID:</b> 149-P6197
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 460.00	Amount of Each Receipt this Period <input type="text"/> 60.00
			Payroll Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael K Dwyer		Date of Receipt
	Mailing Address 408 W State St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Burlington	WI	53105-1736
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Area Operations Mgr	<b>Transaction ID:</b> 151-P6313
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 360.00	Amount of Each Receipt this Period <input type="text"/> 60.00
			Payroll Deduction (\$15.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Robb W Eaton		Date of Receipt
	Mailing Address 14602 W 91st Ter		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lenexa	KS	66215-3009
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Branch Manager 4	<b>Transaction ID:</b> 151-P6314
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	Amount of Each Receipt this Period <input type="text"/> 40.00
			Payroll Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 160.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Thomas R. Farley

Mailing Address 591 N Chambers St

City State Zip Code  
Galesburg IL 61401-3805

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

Name of Employer Occupation  
Apria Healthcare Branch Manager 3

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** 151-P6368

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Stephen L Foreman

Mailing Address 5 Hempstead St

City State Zip Code  
Ladera Ranch CA 92694-0229

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

Name of Employer Occupation  
Apria Healthcare Division VP Ancillary Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** 151-P6315

Amount of Each Receipt this Period  
80.00

Payroll Deduction  
(\$20.00 Bi-Weekly)

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

Mailing Address 5 Safeguard Pl

City State Zip Code  
Irvine CA 92602-0757

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

Name of Employer Occupation  
Apria Healthcare VP Sales Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** 151-P6316

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.00

**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 14 / 40  
(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

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)  
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 ▼ 1800.00

Date of Receipt 11 / 21 / 2008

**Transaction ID:** 151-P6317

Amount of Each Receipt this Period 300.00

Payroll Deduction (\$75.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
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 Regional VP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 21 / 2008

**Transaction ID:** 151-P6318

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$25.00 Bi-Weekly)

**C.**

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

Mailing Address 7430 Lombardi Dr

City Plainfield State IN Zip Code 46168-2804

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

Name of Employer Apria Healthcare Occupation Dir, Enteral Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 21 / 2008

**Transaction ID:** 151-P6319

Amount of Each Receipt this Period 80.00

Payroll Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 480.00

**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 15 / 40  
(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

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)  
Stephanie A Grim

Mailing Address 221 Billingsrath

City State Zip Code  
Cary NC 27519

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

Name of Employer Occupation  
Apria Healthcare Dir National Cash Dept

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

**Transaction ID:** 151-P6320

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
William Guidetti

Mailing Address 16833 Melrose Street

City State Zip Code  
Overland Park KS 66062

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 ▼ 1195.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

**Transaction ID:** 151-P6321

Amount of Each Receipt this Period  
240.00

Payroll Deduction  
(\$60.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Thomas M. Halpin

Mailing Address 8754 Cranbrook Ln

City State Zip Code  
Bridgeview IL 60455-2008

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

Name of Employer Occupation  
Apria Healthcare Branch Manager 3

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

**Transaction ID:** 151-P6371

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **320.00**

**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 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Judith L. Hanna		Date of Receipt
	Mailing Address 1418 Marietta Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 21 / 2008
	City	State	Zip Code
	Lancaster	PA	17603-2446
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6372
Name of Employer Apria Healthcare		Occupation Branch Infusion Mgr.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 360.00	<input type="text"/> 60.00
			Payroll Deduction (\$15.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Dwayne A Hargis		Date of Receipt
	Mailing Address 926 Ironwood Trl		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 21 / 2008
	City	State	Zip Code
	Greenwood	IN	46143-3042
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6322
Name of Employer Apria Healthcare		Occupation Regional VP Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1080.00	<input type="text"/> 180.00
			Payroll Deduction (\$45.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul L Heuvel		Date of Receipt
	Mailing Address 1513 Via Tulipan		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 21 / 2008
	City	State	Zip Code
	San Clemente	CA	92673-3714
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6323
Name of Employer Apria Healthcare		Occupation VP Billing Center Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 960.00	<input type="text"/> 160.00
			Payroll Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 400.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 40  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lawrence Mead Higby		Date of Receipt MM / DD / YYYY 11 / 07 / 2008		
	Mailing Address 218 Via Lido Nord		<b>Transaction ID:</b> 149-P6209		
	City Newport Beach	State CA	Zip Code 92663-4608	Amount of Each Receipt this Period 461.55	
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 3538.55			

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert S Holcombe		Date of Receipt MM / DD / YYYY 11 / 21 / 2008		
	Mailing Address 38 Oakbrook		<b>Transaction ID:</b> 151-P6324		
	City Coto de Caza	State CA	Zip Code 92679-4742	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 1800.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Janet L Hunt		Date of Receipt MM / DD / YYYY 11 / 21 / 2008		
	Mailing Address 22121 Stillwater		<b>Transaction ID:</b> 151-P6325		
	City Mission Viejo	State CA	Zip Code 92692-4500	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$10.00 Bi-Weekly)		
Name of Employer Apria Healthcare		Occupation Dir IS Support Svs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>801.55</b>
<b>TOTAL</b> 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 18 / 40  
(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

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)  
Byron C. Ishima

Mailing Address 25 Sunridge Ln

City State Zip Code  
Buffalo Grove IL 60089-1537

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

Name of Employer Occupation  
Apria Healthcare Market Manager - IV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** 151-P6374

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Shari A. Jeter

Mailing Address 9867 W Berry Dr

City State Zip Code  
Littleton CO 80123-7405

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

Name of Employer Occupation  
Apria Healthcare Regional Customer Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** 151-P6375

Amount of Each Receipt this Period  
80.00

Payroll Deduction  
(\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Daniel A Johnson

Mailing Address 9275 NE 125th PI

City State Zip Code  
Kirkland WA 98034-5918

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

Name of Employer Occupation  
Apria Healthcare Regional VP Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 785.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2008

**Transaction ID:** 148-P6090

Amount of Each Receipt this Period  
105.00

Payroll Deduction  
(\$70.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

**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 19 / 40
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerry Kellems	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 2030 N Talbott St	<b>Transaction ID:</b> 151-P6376
	City Indianapolis State IN Zip Code 46202-1536	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$10.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation Branch Manager 2		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Anthony R. Kilgore	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 112 Interlachen Ct	<b>Transaction ID:</b> 151-P6377
	City Avondale State PA Zip Code 19311-9747	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$25.00 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 ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin D Kinsey	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 8314 City Lights Dr	<b>Transaction ID:</b> 151-P6326
	City Aliso Viejo State CA Zip Code 92656-2663	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation VP, Enterprise Architecture		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>220.00</b>
<b>TOTAL</b> 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 20 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan C. Kirchhof		Date of Receipt
	Mailing Address 3960 W Saragosa St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Chandler	AZ	85226-4979
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Area Operations Mgr.	<b>Transaction ID:</b> 151-P6378
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 360.00	Amount of Each Receipt this Period <input type="text"/> 60.00
			Payroll Deduction (\$15.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Jerome D Lafontaine		Date of Receipt
	Mailing Address 8445 S Newcombe St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Littleton	CO	80127-4260
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Regional VP Ops	<b>Transaction ID:</b> 151-P6327
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 600.00	Amount of Each Receipt this Period <input type="text"/> 100.00
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark S. Lantz		Date of Receipt
	Mailing Address 9918 E 400 S		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Greentown	IN	46936-8960
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Apria Healthcare		Occupation Branch Manager 3	<b>Transaction ID:</b> 151-P6380
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	Amount of Each Receipt this Period <input type="text"/> 40.00
			Payroll Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 200.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 21 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Melissa Leone		Date of Receipt
	Mailing Address 150 Bear Path Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Hamden	CT	06514-1329
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6381
Name of Employer Apria Healthcare		Occupation Director Nursing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	<input type="text"/> 80.00
			Payroll Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeri L Lose		Date of Receipt
	Mailing Address 5 Loam		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Coto de Caza	CA	92679-5225
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 149-P6214
Name of Employer Apria Healthcare		Occupation Exec VP, Chief Information	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1150.00	<input type="text"/> 150.00
			Payroll Deduction (\$50.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey R. Lyons		Date of Receipt
	Mailing Address 12844 Bluejacket St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Overland Park	KS	66213-3435
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6382
Name of Employer Apria Healthcare		Occupation Regional VP Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 100.00
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 330.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 22 / 40
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Winborne T Macphail	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 4406 Staghorn Ct	<b>Transaction ID:</b> 151-P6328
	City Greensboro State NC Zip Code 27410-8285	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation Regional VP Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Clinton K. Marshall	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 7210 Inwood Dr.	<b>Transaction ID:</b> 151-P6384
	City Woburn State MA Zip Code 01801	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$10.00 Bi-Weekly)
Name of Employer Apria Healthcare Occupation Branch Manager 3		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lawrence Mastrovich	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 5 Flax Ct	<b>Transaction ID:</b> 151-P6329
	City Coto de Caza State CA Zip Code 92679-5133	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 2400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>540.00</b>
<b>TOTAL</b> 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 23 / 40  
(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

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) William C. McCall		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 16 Flaxwood		<b>Transaction ID:</b> 151-P6385
City Irvine	State CA	Zip Code 92614-7547
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Apria Healthcare	Occupation Area Operations Mgr.	Payroll Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

**B.**

Full Name (Last, First, Middle Initial) Michael F. McGrath		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 1209 Reggio Aisle		<b>Transaction ID:</b> 151-P6386
City Irvine	State CA	Zip Code 92606-0855
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Apria Healthcare	Occupation Dir. Internal Audit	Payroll Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

**C.**

Full Name (Last, First, Middle Initial) Michael L McKinney		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 209 Nunzia Ct		<b>Transaction ID:</b> 151-P6330
City Roseville	State CA	Zip Code 95661-3979
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Apria Healthcare	Occupation Division VP Ops	Payroll Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>340.00</b>
<b>TOTAL</b> 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 24 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cregg E. Mericle	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 310 W Broadway St	<b>Transaction ID:</b> 151-P6387
	City State Zip Code Plattsburg MO 64477-1414	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$10.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Branch Manager 3	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Beth Michel	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 1221 S Schodack Rd	<b>Transaction ID:</b> 151-P6388
	City State Zip Code Castleton NY 12033-3058	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$10.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Branch Manager 3	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dean W. Milligan	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 521 Andalusian Rd	<b>Transaction ID:</b> 151-P6390
	City State Zip Code Schwenksville PA 19473-1882	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$60.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Regional VP Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1370.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>320.00</b>
<b>TOTAL</b> 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 25 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William E Monast	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 6 Brentwood	<b>Transaction ID:</b> 151-P6331
	City State Zip Code Coto de Caza CA 92679-4819	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$75.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: Exec VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Theresa A Noble	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 41427 N Laurel Valley Way	<b>Transaction ID:</b> 151-P6332
	City State Zip Code Anthem AZ 85086-1281	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$35.00 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 ▼ 820.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah L. Nuzum	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 613 Fairington Dr	<b>Transaction ID:</b> 151-P6391
	City State Zip Code Summerville SC 29485-8619	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$10.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: Branch Manager 2 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>480.00</b>
<b>TOTAL</b> 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 26 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick D O Donnell		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 167 Waybury Rd		<b>Transaction ID:</b> 151-P6333
	City Colchester	State VT	Zip Code 05446-6960
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Apria Healthcare	Occupation Branch Manager 2	Payroll Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Dena R Parker		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 233 Sandcastle		<b>Transaction ID:</b> 151-P6334
	City Aliso Viejo	State CA	Zip Code 92656-3839
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
	Name of Employer Apria Healthcare	Occupation Sr. VP, Finance	Payroll Deduction (\$75.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Bharat Patel		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 10251 Sherwood Cir		<b>Transaction ID:</b> 151-P6335
	City Villa Park	State CA	Zip Code 92861-4531
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
	Name of Employer Apria Healthcare	Occupation VP, Tax	Payroll Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	420.00
<b>TOTAL</b> 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 27 / 40  
(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

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) Norman C. Payson		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address 453 Beech Hill Rd		<b>Transaction ID:</b> 147
City Hopkinton	State NH	Zip Code 03229-2674
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 4000.00	

**B.**

Full Name (Last, First, Middle Initial) Norman C. Payson		Date of Receipt MM / DD / YYYY 11 / 04 / 2008
Mailing Address 453 Beech Hill Rd		<b>Transaction ID:</b> 150
City Hopkinton	State NH	Zip Code 03229-2674
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Pamela P. Peck		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 120 Westwood Rd		<b>Transaction ID:</b> 151-P6392
City Woodbury	State CT	Zip Code 06798-2722
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Apria Healthcare	Occupation Account Manager	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	(\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2080.00</b>
<b>TOTAL</b> 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 28 / 40

(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

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)

Rose M. Peirce

Mailing Address 4508 Oak Tree Ct

City State Zip Code  
Lawrence KS 66049-3894

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

Name of Employer Occupation  
Apria Healthcare Infusion Acct Specialist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

MM / DD / YYYY  
11 / 21 / 2008

Transaction ID: 151-P6393

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mark A Pietrow

Mailing Address 13205 Granada Dr

City State Zip Code  
Leawood KS 66209-4182

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

Name of Employer Occupation  
Apria Healthcare Division VP Ops

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

MM / DD / YYYY  
11 / 21 / 2008

Transaction ID: 151-P6336

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Michael Polgardy

Mailing Address 57 Pathstone

City State Zip Code  
Irvine CA 92603-0171

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

Name of Employer Occupation  
Apria Healthcare VP, Treasurer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

MM / DD / YYYY  
11 / 21 / 2008

Transaction ID: 151-P6395

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

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

360.00

**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 29 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol Policelli		Date of Receipt
	Mailing Address 2600 Shieldale Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Winston Salem	NC	27107-3654
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6396
Name of Employer Apria Healthcare		Occupation Branch Manager 3	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 40.00
			Payroll Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter C Racine		Date of Receipt
	Mailing Address 32 Las Pisadas		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Rancho Santa Marg	CA	92688-4130
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6337
Name of Employer Apria Healthcare		Occupation VP, Supply Chain Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 790.00	<input type="text"/> 140.00
			Payroll Deduction (\$35.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Betty E. Reed		Date of Receipt
	Mailing Address 2504 Flandrau St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Maplewood	MN	55109-2114
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6397
Name of Employer Apria Healthcare		Occupation Branch Manager 5	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 40.00
			Payroll Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 220.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 30 / 40		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan Reffner-Bettinger	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 1190 Terrington Way	<b>Transaction ID:</b> 151-P6398
	City State Zip Code Miamisburg OH 45342-4265	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: Branch Manager 3 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Norma G. Reynard	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 744 W Juniper Ln	<b>Transaction ID:</b> 151-P6399
	City State Zip Code Litchfield Park AZ 85340-6013	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: Division Revenue Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter A. Reynolds	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 1934 Port Locksleigh Pl	<b>Transaction ID:</b> 151-P6401
	City State Zip Code Newport Beach CA 92660-6616	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: Chief Acctg Ofcr & Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	340.00
<b>TOTAL</b> 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 31 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David F. Rockwell	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 10004 Noor Ave NE	<b>Transaction ID:</b> 151-P6402
	City State Zip Code Albuquerque NM 87122-3360	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$10.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Branch Manager 5	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kimberlie K Rogers-Bowers	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 91 E Chevalier Ct	<b>Transaction ID:</b> 151-P6338
	City State Zip Code Eighty Four PA 15330-2691	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William F Ryan	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 21832 Delicia Dr	<b>Transaction ID:</b> 151-P6339
	City State Zip Code Trabuco Canyon CA 92679-3402	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$35.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation VP Corporate Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	280.00
<b>TOTAL</b> 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 32 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Garrett Y Saito		Date of Receipt
	Mailing Address 28 Flintstone		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Aliso Viejo	CA	92656-1919
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6340
Name of Employer Apria Healthcare		Occupation VP Logistics	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 600.00	<input type="text"/> 100.00
			Payroll Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Tami Salley		Date of Receipt
	Mailing Address 304 Oak Ridge Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Venetia	PA	15367-1160
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6341
Name of Employer Apria Healthcare		Occupation Division VP Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1370.00	<input type="text"/> 240.00
			Payroll Deduction (\$60.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Scott M Sasserson		Date of Receipt
	Mailing Address 121 Deer Run Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Colchester	CT	06415-1861
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 151-P6342
Name of Employer Apria Healthcare		Occupation Regional VP Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 820.00	<input type="text"/> 140.00
			Payroll Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 480.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 33 / 40
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard H. Scholl		Date of Receipt
	Mailing Address 7 Slater Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Stony Point	NY	10980-1907
	FEC ID number of contributing federal political committee.		Transaction ID: 151-P6403
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Apria Healthcare		Occupation Regional Clinical Mgr.	Payroll Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 480.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David C Sears		Date of Receipt
	Mailing Address 119 Cobham Lane Roa		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Cabot	PA	16023
	FEC ID number of contributing federal political committee.		Transaction ID: 151-P6343
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Apria Healthcare		Occupation Regional VP Operations	Payroll Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 480.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David L. Slack		Date of Receipt
	Mailing Address 1 Via Lavendera		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Rancho Santa Marg	CA	92688-1472
	FEC ID number of contributing federal political committee.		Transaction ID: 151-P6406
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Apria Healthcare		Occupation Dir IS Support Svs	Payroll Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 240.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 34 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sandra L. Slentz	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 4050 S 1100 W	<b>Transaction ID:</b> 151-P6407
	City State Zip Code Modoc IN 47358-9520	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$10.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Branch Manager 4	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark A. Smithberger	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 7234 W Cross Creek Trl	<b>Transaction ID:</b> 148-P6176
	City State Zip Code Brecksville OH 44141-3144	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$10.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Branch Manager 3	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Raoul Smyth	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 11 Ensueno E	<b>Transaction ID:</b> 151-P6344
	City State Zip Code Irvine CA 92620-1844	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 795.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> 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 35 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory A Tewell	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 213 N Willow Springs Rd	<b>Transaction ID:</b> 151-P6346
	City State Zip Code Orange CA 92869-4534	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$30.00 Bi-Weekly)
	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 ▼ 720.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew Cameron Thompson	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 20 Westchester Ct	<b>Transaction ID:</b> 151-P6347
	City State Zip Code Coto de Caza CA 92679-4956	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$75.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: Exec VP Logistics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Deanna P Thompson	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 177 Montalvo Rd	<b>Transaction ID:</b> 151-P6348
	City State Zip Code Redwood City CA 94062-3820	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$50.00 Bi-Weekly)
	Name of Employer: Apria Healthcare Occupation: Division VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>620.00</b>
<b>TOTAL</b> 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 36 / 40  
(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

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) Barbara S Underwood		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 370 Oakwood Ct		<b>Transaction ID:</b> 151-P6349
City Palatine	State IL	Zip Code 60067-7729
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Apria Healthcare	Occupation Regional VP Ops	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	(\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial) Scott R Van Hoose		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 191 University Blvd # 817		<b>Transaction ID:</b> 151-P6350
City Denver	State CO	Zip Code 80206-4613
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer Apria Healthcare	Occupation Regional VP Sales	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 790.00	(\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial) Andrew Wagner		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 670 Carson Ct		<b>Transaction ID:</b> 151-P6351
City Carmel	State IN	Zip Code 46033-9744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Apria Healthcare	Occupation Regional Logistics Mgr	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	(\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 37 / 40

(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

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)

Jeffrey H West

Mailing Address 6525 Ganton Dr

City State Zip Code  
Duluth GA 30097-7882

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

Name of Employer Occupation  
Apria Healthcare Regional VP Ops

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 785.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 148-P6119

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$70.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mark W. Wilder

Mailing Address 203 Hillcrest Ave

City State Zip Code  
Batesville IN 47006-4312

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

Name of Employer Occupation  
Apria Healthcare Regional VP Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 148-P6179

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Jonlyn G. Wilkins

Mailing Address 2013 Killlearn Mill Ct

City State Zip Code  
Cary NC 27513-4293

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

Name of Employer Occupation  
Apria Healthcare Regional VP Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 148-P6180

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$50.00 Bi-Weekly)

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

255.00

**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 38 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gaylord A. Wilson	Date of Receipt MM / DD / YYYY 10 / 10 / 2008
	Mailing Address 2 Empire Forest Pl	<b>Transaction ID:</b> 146-P6058
	City State Zip Code The Woodlands TX 77382-4705	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$35.00 Bi-Weekly)
	Name of Employer Occupation Apria Healthcare Regional VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Catherine M. Wyant	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 2138 Fairland St	<b>Transaction ID:</b> 151-P6410
	City State Zip Code Pittsburgh PA 15210-4018	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation Apria Healthcare Branch Manager 4	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas E Zielasko	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 24232 Via Madrugada	<b>Transaction ID:</b> 148-P6120
	City State Zip Code Mission Viejo CA 92692-1930	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation Apria Healthcare Regional VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> 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 39 / 40	
	(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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven A Zoellner		Date of Receipt
	Mailing Address 9936 Ridgewood Dr		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Minocqua	WI	54548-9157
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Apria Healthcare	Occupation Branch Manager 3	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	Transaction ID: 151-P6353 Amount of Each Receipt this Period <input type="text" value="40.00"/> Payroll Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="40.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="12616.55"/>

**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 40 / 40

<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

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)

Yes on 11

Mailing Address 949 South Coast Drive, Suite

City State Zip Code  
Costa Mesa CA 92626

Purpose of Disbursement  
contribution

Candidate Name  
Yes on 11

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 152

Date of Disbursement

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 1	<sup>D</sup> 7	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 8
-------------------	-------------------	---	-------------------	-------------------	---	-------------------	-------------------	-------------------	-------------------

Amount of Each Disbursement this Period

5000.00
---------

009  
Category/  
Type

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

5000.00

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

5000.00