REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

APRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) Check if different than previously reported

3560 Hyland Avenue

CITY, STATE and ZIP CODE

Costa Mesa, California 92626

2. FEC IDENTIFICATION NUMBER

C00240218

3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date).

4. TYPE OF REPORT

(a) X April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
March 20 July 20 November 20
April 20 August 20 December 20
May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES X NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 01/01/96 through 03/31/96		
6.	(a) Cash on Hand January 1, 19 96		$ 12,636.22
	(b) Cash on Hand at Beginning of Reporting Period	$ 12,636.22	
	(c) Total Receipts (from Line 19)	$ 1,648.37	$ 1,648.37
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 14,284.59	$ 14,284.59
7.	Total Disbursements (from Line 30)	$ 4,000.00	$ 4,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 10,284.59	$ 10,284.59
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact: Federal Election Commission, 999 E Street, NW, Washington, DC 20463, Toll Free 800-424-9530, Local 202-376-3120

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

John A. Fioretto, Jr.

Signature of Treasurer

John A. Fioretto

Date 4/11/96

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

FEC FORM 3X

(rev. 10/91)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

C00240218

(revised 1/1/91)

NAME OF COMMITTEE: APRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 01/01/96 TO: 03/31/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	0.00	0.00
ii. Unitemized	1,563.60	1,563.60
iii. Total (add i and ii) ➤	1,563.60	1,563.60
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c) ➤	1,563.60	1,563.60
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.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	84.77	84.77
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,648.37	1,648.37
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,648.37	1,648.37
II. Disbursements		
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 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	3,500.00	3,500.00
24. Independent Expenditures (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 a, b and c) ➤	0.00	0.00
29. Other Disbursements	500.00	500.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,000.00	4,000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,000.00	4,000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	1,563.60	1,563.60
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	1,563.60	1,563.60
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00

SCHEDULE B

ITEMIZED DISBURSEMENTS
(Contributions to Federal Candidates/
Committees and Other Political Committees)

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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)
AFRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE C00240218

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Disburse. For:	Date (month, day, year)	Amount of Each Disbursement This Period
Burr For Congress P.O. Box 5332 Winston-Salem, NC 27113	House Candidate North Carolina, 5th District Aggregate Year to Date: $1,000.00	Primary	03 12 96	1,000.00
Friends of Max Cleland P.O. Box 2843 Atlanta, Georgia 30257	Senate candidate, Georgia Aggregate Year to date: $1,000.00	Primary	02 29 96	1,000.00
John Ensign For Congress 4012 South Rainbow Boulevard Suite R-611 Las Vegas, Nevada 89103	House candidate, Nevada, 1st District Aggregate Year to date: $1,000.00	Primary	03-13-96	1,000.00
Barbara Kennelly For Congress P.O. Box 2994 Washington, D.C. 20013	House candidate, Connecticut 1st District Aggregate Year to date: $500.00	General	03-13-96	500.00

SUBTOTAL of Disbursements This Page (optional)..... $3,500.00

TOTAL This Period (last page this line number only)..... $3,500.00

SCHEDULE E — ITEMIZED DISBURSEMENTS (Other Disbursements)

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

PAGE 1 OF 1

FOR ITEM NUMBER 24

|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)
AFRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE C00210318

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period	Disb. for
Friends of Senator Rose Johnson Rose Johnson	Contribution to Rose Johnson, State Senate Candidate, CA	02-13-96	500.00	Primary

SUBTOTAL of Disbursements This Page (optional)..... $500.00

TOTAL This Period (last page this line number only)..... $500.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-15-96
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMH
PREPARER

4-18-96
DATE PREPARED

FEC FORM 70-2 (12/92)