

SCHEDULE B

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

Use separate schedule(s) PAGE | OF  
 for each category of the 1 | 1  
 Detailed Summary Page FOR LINE NUMBER  
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NAME OF COMMITTEE (in Full)  
 APRIA 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
The California Republican Party 1903 W. Magnolia Blvd. Burbank, California 91506	Contribution to Fundraiser	N/A	09-23-2005	5,000.00
Campbell for Congress 4590 MacArthur Blvd., Ste. 500 Newport Beach, CA 92660	House Candidate, California 48th District	Runoff 2005	11-08-2005	5,000.00
SUBTOTAL of Disbursements This Page (optional).....>				\$10,000.00
TOTAL This Period (last page this line number only).....>				\$10,000.00

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