

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 26220 ENTERPRISE COURT
LAKE FOREST CA 92630
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00240218 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 Year-End 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 (12S)
Election on 06 / 07 / 2016 in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2016 through 05 / 18 / 2016

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 RAOUL SMYTH [Electronically Filed] Date 07 / 28 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="195468.65"/>	<input type="text" value="195468.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="182083.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2210.00"/>	<input type="text" value="5825.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="184293.65"/>	<input type="text" value="201293.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="87500.00"/>	<input type="text" value="104500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="96793.65"/>	<input type="text" value="96793.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 / 01 / 2016 To: 05 / 18 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1140.00	1765.00
(ii) Unitemized	1070.00	4060.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2210.00	5825.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2210.00	5825.00
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2210.00	5825.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2210.00	5825.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	0	5000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	5000.00
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	87500.00	99500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	87500.00	104500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87500.00	104500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2210.00	5825.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2210.00	5825.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	5000.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	5000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Election on June 7, 2016 in the States of California, Iowa, New Mexico and South Dakota. Report amended to remove contributions never made.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<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	<input type="checkbox"/> 18

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 LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mark A Centolella		Date of Receipt MM / DD / YYYY 05 / 13 / 2016 Transaction ID : 513-P22705
Mailing Address 8304 Codys Cors		Amount of Each Receipt this Period 140.00
City Cicero	State NY	Zip Code 13039-7921
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Apria Healthcare	Occupation VP Region	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	(\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Theresa A Noble		Date of Receipt MM / DD / YYYY 05 / 13 / 2016 Transaction ID : 513-P22708
Mailing Address 41427 N Laurel Valley Way		Amount of Each Receipt this Period 140.00
City Anthem	State AZ	Zip Code 85086-1281
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
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 ▼ 350.00	(\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Kimberlie K Rogers-Bowers		Date of Receipt MM / DD / YYYY 05 / 13 / 2016 Transaction ID : 513-P22710
Mailing Address 1200 Gulf Blvd., #806		Amount of Each Receipt this Period 50.00
City Clearwater	State FL	Zip Code 33767
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Apria Healthcare	Occupation Sr VP Reg Affairs & Acq I	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	330.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Garrett Y Saito
Full Name (Last, First, Middle Initial)

Mailing Address 28 Flintstone

City Aliso Viejo	State CA	Zip Code 92656-1919
---------------------	-------------	------------------------

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

Name of Employer Apria Healthcare	Occupation Market Leader
--------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2016

Transaction ID : 513-P22711

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction
(\$25.00 Bi-Weekly)

B. Raoul Smyth
Full Name (Last, First, Middle Initial)

Mailing Address 11 Ensueno E

City Irvine	State CA	Zip Code 92620-1844
----------------	-------------	------------------------

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

Name of Employer Apria Healthcare	Occupation EVP, General Counsel
--------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2016

Transaction ID : 513-P22712

Amount of Each Receipt this Period
140.00

Memo Item
Payroll Deduction
(\$35.00 Bi-Weekly)

C. Gregory A Tewell
Full Name (Last, First, Middle Initial)

Mailing Address 213 N Willow Springs Rd

City Orange	State CA	Zip Code 92869-4534
----------------	-------------	------------------------

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

Name of Employer Apria Healthcare	Occupation VP Business Systems
--------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2016

Transaction ID : 513-P22713

Amount of Each Receipt this Period
120.00

Memo Item
Payroll Deduction
(\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	310.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 19
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Andrew Cameron Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 20 Westchester Ct
City Prosper State TX Zip Code 75078
FEC ID number of contributing federal political committee. C
Name of Employer Apria Healthcare Occupation EVP Zone West
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 750.00

Date of Receipt 05 / 13 / 2016
Transaction ID : 513-P22714
Amount of Each Receipt this Period 300.00
 Memo Item
Payroll Deduction (\$75.00 Bi-Weekly)

B. Deanna P Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 177 Montalvo Rd
City Redwood City State CA Zip Code 94062-3820
FEC ID number of contributing federal political committee. C
Name of Employer Apria Healthcare Occupation VP Strategic Relationships
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 05 / 13 / 2016
Transaction ID : 513-P22715
Amount of Each Receipt this Period 200.00
 Memo Item
Payroll Deduction (\$50.00 Bi-Weekly)

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	1140.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BILIRAKIS FOR CONGRESS (P)

Mailing Address PO BOX 606

City State Zip Code
TARPON SPRINGS FL 34688

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

GUS MICHAEL BILIRAKIS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2016

Transaction ID : 491

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BILLY LONG FOR CONGRESS (P)

Mailing Address 3246 E. RIDGEVIEW STREET

City State Zip Code
SPRINGFIELD MO 65804

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

BILLY LONG

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2016

Transaction ID : 498

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BOUSTANY FOR SENATE INC (P)

Mailing Address PO BOX 80126

City State Zip Code
LAFAYETTE LA 70598

Purpose of Disbursement
Contribution to Senate candidate

011

Candidate Name

CHARLES W JR BOUSTANY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2016

Transaction ID : 495

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR COCHRAN (P)

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
Contribution to Senate candidate

011

Candidate Name
THAD COCHRAN

Category/
Type

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MS District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : 481

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COLLINS FOR CONGRESS (P)

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement
Contribution to House Candidate

011

Candidate Name
CHRISTOPHER CARL COLLINS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 27

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : 471

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COLLINS FOR CONGRESS (P)

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name
CHRISTOPHER CARL COLLINS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 27

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2016

Transaction ID : 487

Amount of Each Disbursement this Period

1500.00

Memo Item

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

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CRAMER FOR CONGRESS (P)

Mailing Address PO BOX 396

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

KEVIN CRAMER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2016

Transaction ID : 486

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DIANA DEGETTE FOR CONGRESS (P)

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

DIANA L. DEGETTE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2016

Transaction ID : 509

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DIANE BLACK FOR CONGRESS (P)

Mailing Address PO BOX 1437

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

DIANE L MRS. BLACK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2016

Transaction ID : 496

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GENE GREEN CONGRESSIONAL CAMPAIGN (P)

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement
Contribution to House Candidate

011

Category/
Type

Candidate Name

RAYMOND E. 'GENE' GREEN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	6

Transaction ID : 470

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. GREGG HARPER FOR CONGRESS (P)

Mailing Address POST OFFICE BOX 54344

City PEARL State MS Zip Code 39288

Purpose of Disbursement
Contribution to House Candidate

011

Category/
Type

Candidate Name

GREGG HARPER

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	6

Transaction ID : 473

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. GREGG HARPER FOR CONGRESS (P)

Mailing Address POST OFFICE BOX 54344

City PEARL State MS Zip Code 39288

Purpose of Disbursement
Contribution to House candidate

011

Category/
Type

Candidate Name

GREGG HARPER

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	6

Transaction ID : 492

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS (P)

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

S. BRETT HON. GUTHRIE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2016

Transaction ID : 488

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HATCH ELECTION COMMITTEE INC (P)

Mailing Address PO BOX 900427

City SANDY State UT Zip Code 84090

Purpose of Disbursement
Contribution to Senate candidate

011

Candidate Name

ORRIN G HATCH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: UT District: 00

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2016

Transaction ID : 477

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution to candidate & PAC -50% ea.

011

Candidate Name

STENY HAMILTON HOYER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2016

Transaction ID : 475

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KENNY MARCHANT FOR CONGRESS (P)

Mailing Address PO BOX 110187

City CARROLLTON State TX Zip Code 75011

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

KENNY E MR. MARCHANT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2016

Transaction ID : 494

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE (P)

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement
Contribution to candidate

011

Candidate Name

RON KIND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2016

Transaction ID : 505

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KURT SCHRADER FOR CONGRESS (P)

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement
Contribution to House Candidate

011

Candidate Name

KURT SCHRADER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2016

Transaction ID : 472

Amount of Each Disbursement this Period

5000.00

Memo Item

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

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LOEBSACK FOR CONGRESS (P)

Mailing Address PO BOX 3013

City IOWA CITY State IA Zip Code 52244

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

DAVID WAYNE LOEBSACK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : 512

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MARSHA BLACKBURN FOR CONGRESS, INC. (P)

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

MARSHA MRS. BLACKBURN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2016

Transaction ID : 484

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS (P)

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

MICHAEL C. DR. BURGESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2016

Transaction ID : 493

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MIKE THOMPSON FOR CONGRESS (P)

Mailing Address 5429 MADISON AVENUE

City State Zip Code
SACRAMENTO CA 95841

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name
MIKE MR. THOMPSON

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2016

Transaction ID : 504

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR BEN (P)

Mailing Address PO BOX 31129

City State Zip Code
SANTA FE NM 87594

Purpose of Disbursement
Contribution to House Candidate

011

Candidate Name
BEN LUJAN

Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : 474

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PORTMAN FOR SENATE COMMITTEE (P)

Mailing Address 9856 ARCHER LANE

City State Zip Code
DUBLIN OH 43017

Purpose of Disbursement
Contribution to Senate Candidate

011

Candidate Name
ROB PORTMAN

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : 469

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE (P)

Mailing Address P.O. BOX 904

City State Zip Code
DUNN NC 28335

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

RENEE JACISIN ELLMERS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2016

Transaction ID : 489

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SENATE VICTORY PAC

Mailing Address 161 ST ANTHONY AVE SUITE 902

City State Zip Code
ST PAUL MN 55103

Purpose of Disbursement
Contribution to PAC

011

Candidate Name

SENATE VICTORY PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2016

Transaction ID : 499

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. THOROUGHbred PAC

Mailing Address PO BOX 65116

City State Zip Code
WASHINGTON DC 20035

Purpose of Disbursement
Contribution to PAC

011

Candidate Name

THOROUGHbred PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2016

Transaction ID : 511

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TIM MURPHY FOR CONGRESS (P)

Mailing Address PO BOX 24551

City State Zip Code
PTTSBURGH PA 15234

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

TIM MURPHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 07 / 2016

Transaction ID : 490

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS (P)

Mailing Address PO BOX 661

City State Zip Code
COLLINSVILLE IL 62234

Purpose of Disbursement
Contribution to House candidate

011

Candidate Name

JOHN M SHIMKUS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 07 / 2016

Transaction ID : 483

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

87500.00