

**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)..... ▶