

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

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

FOR LINE NUMBER: PAGE 8 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cate, Virginia, E., ,

Mailing Address 15 Freedom Way

City
Bedford

State
NH

Zip Code
03110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Apria Healthcare

Occupation (for Individual)
VP, Managed Care Field Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2018

Transaction ID : 637-P25165

Amount of Each Receipt this Period

105.00

☐ Memo Item
Payroll Deduction

(\$35.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cook, Robert, R., ,

Mailing Address 315 River Run Road

City
Oxford

State
MS

Zip Code
38656

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Apria Healthcare

Occupation (for Individual)
General Manager Territory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2018

Transaction ID : 637-P25188

Amount of Each Receipt this Period

30.00

☐ Memo Item
Payroll Deduction

(\$10.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Delivron, Jeannine M., , ,

Mailing Address 54 Bronson Rd

City
Avon

State
CT

Zip Code
06001-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Apria Healthcare

Occupation (for Individual)
Director Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2018

Transaction ID : 637-P25164

Amount of Each Receipt this Period

30.00

☐ Memo Item
Payroll Deduction

(\$10.00 Semi-Monthly)

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

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

165.00