

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEDERAL ELECTION CENTER (80) AUG - 6 A 8:54 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12PE4M5

AERIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

25220 ENTERPRISE COURT

Check if different than previously reported. (ACC)

LAKE FOREST CA 92630

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00240218

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

- Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11)
Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12)
Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

(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)
Transition Report (TR)

(c) 18-Day PRE-Election Report for the:

- Primary (12P), General (12G), Runoff (12R)
Convention (12C), Special (12S)
Election on: In the State of:

(d) 80-Day POST-Election Report for the:

- General (30G), Runoff (30R), Special (30S)
Election on: In the State of:

5. Covering Period

01/01/2003 through 06/30/2003

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: Rachel Smyth

Signature of Treasurer

[Handwritten Signature]

Date

07/31/2003

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

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FED Form 3X (Rev. 12/2003)

Page 2

Write or Type Committee Name

APRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE

C00240218

Report Covering the Period:

From:

01/01/03 - 03/31/03

To:

06/30/03

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2003	120,003	141,459
(b) Cash on Hand at Beginning of Reporting Period	141,459	141,459
(c) Total Receipts (from Line 19)	1,215,703	1,215,703
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2,630,296	2,630,296
7. Total Disbursements (from Line 3t)	900,118	900,118
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,730,178	1,730,178
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	000
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	000

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 20465

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form BX (Rev. 08/27/03)

Write or Type Committee Name

APRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE

C00240218

Report Covering the Period: From: 01 01 2003 To: 06 30 2003

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)
 - (ii) Unitemized
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)

6 8 8 4 9 8
5 2 2 1 9 5
1 2 1 0 6 9 3
0 0 0
0 0 0

1 2 1 0 6 9 3
0 0 0
0 0 0

- (b) Political Party Committees
- (c) Other Political Committees (such as PACs)
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c) (Carry Totals to Line 35, page 5)

1 2 1 0 6 9 3

1 2 1 0 6 9 3

12. Transfers From Affiliated/Other Party Committees

0 0 0
0 0 0

0 0 0
0 0 0

13. All Loans Received

0 0 0

0 0 0

14. Loan Repayments Received

0 0 0

0 0 0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)

0 0 0

0 0 0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees

0 0 0

0 0 0

17. Other Federal Receipts (Dividends, Interest, etc.)

5 0 1 0

5 0 1 0

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H2)

0 0 0

0 0 0

- (b) Levin Funds (from Schedule H5)

0 0 0

0 0 0

- (c) Total Transfers (add 18(a) and 18(b))

0 0 0

0 0 0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))

1 2 1 5 7 0 3

1 2 1 5 7 0 3

20. Total Federal Receipts (subtract Line 18(c) from Line 19)

1 2 1 5 7 0 3

1 2 1 5 7 0 3

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 0	0 0 0
(ii) Non-Federal Share	0 0 0	0 0 0
(b) Other Federal Operating Expenditures	1 1 8	1 1 8
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1 1 8	1 1 8
22. Transfers to Affiliated/Other Party Committees	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	9 0 0 0 0 0	9 0 0 0 0 0
24. Independent Expenditures (use Schedule E)	0 0 0	0 0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(b)) (use Schedule F)	0 0 0	0 0 0
26. Loan Repayments Made	0 0 0	0 0 0
27. Loans Made	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 0 0	0 0 0
(b) Political Party Committees	0 0 0	0 0 0
(c) Other Political Committees (such as PACs)	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0 0	0 0 0
29. Other Disbursements	0 0 0	0 0 0
30. Federal Election Activity (2 U.S.C. §431(2D))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0 0 0	0 0 0
(ii) "Levin" Share	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds	0 0 0	0 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0 0 0	0 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9 0 0 1 1 8	9 0 0 1 1 8
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31)	9 0 0 1 1 8	9 0 0 1 1 8

11/10/03 10:51 AM 11/10/03 10:51 AM

DETAILED SUMMARY PAGE
of Disbursements

000240218

FEC Form 3X (Rev. 02/2008)

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)	1,210,693	1,210,693
34. Total Contribution Refunds (from Line 28(d))	0,000	0,000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,210,693	1,210,693
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,118	1,118
37. Offsets to Operating Expenditures (from Line 15, page 3)	0,000	0,000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,118	1,118

10
20
30
40
50
60
70
80
90

SCHEDULE A

ISSUED RECEIPTS
(Contributions from Individuals/
Persons Other Than Political Committees)

Use separate schedule(s) FROM 1 OF
for each category of the 1 4
Detailed Summary Page FOR LINE NUMBER
11(a)(1)

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 EMPLOYER (in Full)

AGRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE C00240218

Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)		Amount of Each Receipt this Period
Aboud, Robert G. 4 Oakleaf Court Safety Harbor, FL 34595	Agria Healthcare, Inc. SVP, Acquisitions Aggregate Year-to-Date \$650.00			
		Bi-Weekly FR Deduction of...	\$50.00	Total this period 650.00
Verhov, Robin 23061 Mullin Road Lake Forest, CA 92630	Agria Healthcare, Inc. Division V.P., Sales Aggregate Year-to-Date \$390.00			
		Bi-Weekly FR Deduction of...	\$30.00	Total this period 390.00
Mianchi, Francesco 11 Schlicht Irvine, CA 92612	Agria Healthcare, Inc. SVP, Human Resources Aggregate Year-to-Date \$260.00			
		Bi-Weekly FR Deduction of...	\$20.00	Total this period 260.00
Denuoy, Nichola 2777 Grand Point Lane Elk Grove, CA 95758	Agria Healthcare, Inc. Regional V.P., Ops Aggregate Year-to-Date \$260.00			
		Bi-Weekly FR Deduction of...	\$20.00	Total this period 260.00
Geyman, Lisa N. 180 Profello Lane Aliso Viejo, CA 92656	Agria Healthcare, Inc. S.V.P. Bus. Development Aggregate Year-to-Date \$225.00			
		Bi-Weekly FR Deduction of...	\$25.00	Total this period 225.00

SUBTOTAL of Receipts This Page (Optional)..... \$1,865.00

TOTAL This Period (Last page this line number only).....

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NAME OF COMMITTEE (in full)
 APRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE C002340219

Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year) Amount of Receipt Receipt this Period
Bargid, Duwayne A. 5131 White Alder Court Evon, ID 46123	Apria Healthcare, Inc. Regional V.P., Ops Aggregate Year-to-Date: \$585.00 Bi-Weekly PR Deduction of... \$45.00	Total this period: \$48.00
Higby, Lawrence M. 115 Via Lido Nord Newport Beach, CA 92663	Apria Healthcare, Inc. President and CEO Aggregate Year-to-Date: \$520.00 Bi-Weekly PR Deduction of... \$40.00	Total this period: \$40.00
Holcombe, Robert S. 33 Oakbrook Drive Corte de Cass, CA 91579	Apria Healthcare, Inc. SVP, Gen Coun, Hwy Aggregate Year-to-Date: \$540.00 Bi-Weekly PR Deduction of... \$40.00	Total this period: \$20.00
Roosan, Michael J. 13325 Winstenley San Diego, CA 92130	Apria Healthcare, Inc. S.V.P. Business Ops Aggregate Year-to-Date: \$499.08 Bi-Weekly PR Deduction of... \$30.46	Total this period: \$99.08
Sandberg, Kelly J. 25992 Rich Springs Circle Laguna Hills, CA 92653	Apria Healthcare, Inc. V.P., Sales Planning Aggregate Year-to-Date: \$455.00 Bi-Weekly PR Deduction of... \$35.00	Total this period: \$55.00

SUBTOTAL of Receipts this page (Optional)..... \$4,374.00
 TOTAL this period (last page this line number only).....

2025 RELEASE UNDER E.O. 14176

SCHEMATIC A

ADVANCED EMPLOYER
 (Contributions from Individuals/
 Persons Other Than Political Committees)

Use separate schedule(s) PAGE 3 OF 4
 for each category of the Detailed Summary Page FOR LINE NUMBER
 11(a) (1)

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SOME OF COMMITTEES (in Full)

AGRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE 000240219

Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date	Date (month, Amount of Each Day, year) Receipt this Period
Mikula, Steve 14415 Shooting Club Road Raleigh, NC 27613	Agria Healthcare, Inc. Regional V.P., Ops Aggregate Year-to-Date \$210.00 Bi-weekly PR Deduction of... \$16.15	Total this period 344.00
Mohart, William R. 5 Barbara Way Lincoln, RI 02866	Agria Healthcare, Inc. Division V.P., Ops Aggregate Year-to-date \$325.00 Bi-weekly PR Deduction of... \$25.00	Total this period 325.00
Mosser, Richard Clark 209 Foxcroft Road Broomall, PA 19008	Agria Healthcare Director, AVR Aggregate Year-to-date \$325.00 Bi-weekly PR Deduction of... \$25.00	Total this period 325.00
Rickson, Robert R. 3208 Renworth Way Raleigh, NC 27615	Agria Healthcare, Inc. Division V.P., Ops Aggregate Year-to-Date \$520.00 Bi-weekly PR Deduction of... \$40.00	Total this period 520.00
Starch, Daniel V. 2195 Shelter Cove Lane Elk Grove, CA 95758	Agria Healthcare, Inc. Division V.P., Ops Aggregate Year-to-date \$325.00 Bi-weekly PR Deduction of... \$25.00	Total this period 325.00

SUMMARY of Receipts this Page (optional).....> \$1,705.00

TOTAL This Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Individuals/
Persons Other than Political Committees)

Use separate schedule(s) for each category of the Detailed Summary Page
PAGE 4 OF 4
FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (in Full)
APRIA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE 000240218

Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt This Period
---	--	-------------------------	---------------------------------------

Thompson, Andrew C. 7 Columbian Court The Woodlands, TX 77380	APRIA Healthcare, Inc. Regional V.P., Ops Aggregate Year-to-Date \$325.00		
	Bi-Weekly RR Deduction of...	\$25.00	Total this period 325.00

Walt, Linda 1044 Kingspointe Chesterfield, MO 63005	APRIA Healthcare, Inc. Division V.P., Sales Aggregate Year-to-Date \$390.00		
	Bi-Weekly RR Deduction of...	\$30.00	Total this period 390.00

SUBTOTAL of Receipts This Page (Optional).....>	\$715.00
TOTAL This Period (last page this line number only).....>	\$6,584.56

SCHEMATIC B

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

The separate schedule(s) PAGE | OF
 for each category of the 1 | 1
 Detailed Summary Page FOR LINE NUMBER
 23

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NAME OF COMMITTEE (in Full)
 APRNA HEALTHCARE, INC. POLITICAL ACTION COMMITTEE C00240238

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Disburse- ment For:	Date (month, day, year)	Amount of Such Disbursement This Period
Christopher Cox Congressional Committee P.O. Box 30880 Newport Beach, CA 92658	House Candidate, California 47th District	Primary 2004	02-25-2003	1,000.00
Grassley Committee P.O. Box 1000 521 E. Locust, 2nd Floor Des Moines, IA 50309	Senate Candidate, Iowa	Primary 2004	04-13-2003	5,000.00
Rely On Your Politics Fund 1100 Pennsylvania Avenue NW Suite 700 Washington, D.C. 20004	Contribution to PAC	Primary 2004	04-29-2003	1,000.00
Voinovich For Senate 333 West Senate Office Bldg. Washington, DC 20510	Contribution to Senate candidate, Ohio	Primary 2004	05-19-2003	1,000.00
SUBTOTAL of Disbursements This Page (optional).....>				\$9,000.00
TOTAL This Period (last page this line number only).....>				\$9,000.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	8-6-03 DATE PREPARED

(6/2000)

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