

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

000249896 053094 p 247
 KATHLEEN A SCHWARTZ
 INVIGOR CORPORATION POLITICAL
 ACTION COMMITTEE AKA INVR PAC
 200 CLEVELAND STREET
 CLEVELAND OH 44136

2. FEC IDENTIFICATION NUMBER

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

SEP 1 11 02 AM '94

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period _____ through _____		
6.	(a) Cash on Hand January 1, 19 <u>94</u>		\$ 12,381.69
	(b) Cash on Hand at Beginning of Reporting Period	\$ 9,236.81	
	(c) Total Receipts (from Line 10)	\$ 17,492.08	\$ 22,847.20
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 26,728.89	\$ 35,228.89
7.	Total Disbursements (from Line 30)	\$ 21,500.00	\$ 30,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5,228.89	\$ 5,228.89
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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
 KATHLEEN A. SCHWARTZ

Signature of Treasurer
Kathleen A. Schwartz

Date
 8/26/94

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

940390059

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

AMENDED (revised 1/1/91)

NAME OF COMMITTEE INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVAPAC (00249896)		REPORT COVERING PERIOD FROM APRIL 1 1994 TO JUNE 30 1994	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		14,751.96	17,226.96
ii. Unitemized		2,693.55	5,494.80
iii. Total (add i and ii) >		17,445.51	22,721.76
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >		17,445.51	22,721.76
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		46.57	135.44
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		17,492.08	22,847.20
20. Total Federal Receipts (subtract line 18 from line 19) >		17,492.08	22,847.20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >		0	0
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		21,500.00	30,000.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		21,500.00	30,000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		21,500.00	30,000.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		17,445.51	22,721.76
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)		17,445.51	22,721.76
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0	0
36. Offsets to Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures (subtract line 35 from 36) >		0	0

SCHEDULE A

ITEMIZED RECEIPTS

AMENDED

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

PAGE 1 OF 4
FOR LINE NUMBER 11A1

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)

INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVACARE (00249896)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERMA B. GOUCH 5740 GREAT NORTHERN BLVD NORTH COLUMSBIA	INVACARE CORP	4/15/94	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT - HOME CARE Aggregate Year-to-Date > \$ 790.00	4/15 - 6/30/94	(865 per pay period) 390.00
B. Full Name, Mailing Address and ZIP Code THOMAS J. BUCKLEY 29267 NOTTINGHAM COURT WESTLAKE OH 44145	INVACARE CORP	3/31/94	0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUSINESS UNIT LEADER Aggregate Year-to-Date > \$ 1000.00		
C. Full Name, Mailing Address and ZIP Code BRIGGS CARR 3425 ROUNDWOOD DR HUNTING VALLEY OH 44022	INVACARE CORP	4/15/94	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR SALES Aggregate Year-to-Date > \$ 100.00		
D. Full Name, Mailing Address and ZIP Code WILLIAM F. COCORAN 388 BOUTYMAN AVON LAKE OH 44012	INVACARE CORP	twice monthly payroll deduction	225.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 400.00		(37.50 per pay period)
E. Full Name, Mailing Address and ZIP Code WHITNEY EVANS 4450 GROVE STREET SONOMA CA 95476	INVACARE CORP	4/15/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code LOUIS J. HYSHE 705 OAKHURST DR AMHERST OH 44001	INVACARE CORP	twice monthly payroll deduction	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR MANUFACTURING Aggregate Year-to-Date > \$ 245.00		(\$ 25 per pay period)
G. Full Name, Mailing Address and ZIP Code KANT R. KLWITH 405 LAUREL GREENS MEDINA OH 44256	INVACARE CORP	twice monthly payroll deduction	582.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT Aggregate Year-to-Date > \$ 1057.00		(\$ 97 per pay period)

SUBTOTAL of Receipts This Page (optional)

7322.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

AMENDED

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

PAGE 2 OF 4
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVAPAC 00249896

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS R MIKULICH 18541 NANTUCKET STRONGSVILLE OH 44136	INVACARE CORP	5/15/94	1500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CFO	Aggregate Year-to-Date > \$ 1500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. MALACHUK MIKUN 2484 SMYTHORF RD CLEVELAND HTS OH 44118	INVACARE CORP	4/15/94	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	Aggregate Year-to-Date > \$ 5000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL E PARSONS 330 DEBBE RUN CR GRAFTON OH 44024	INVACARE CORP	5/15/94	1500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT	Aggregate Year-to-Date > \$ 1500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH B RICHEY 2834 COURTLAND BLVD SPARKER HTS OH 44122	INVACARE CORP	5/15/94	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SENIOR VICE PRESIDENT	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD A SAYERS III 1334 ANSONWOOD HUDSON OH 44236	INVACARE CORP	twice monthly payroll deduction	225.00 (\$ 75 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT	Aggregate Year-to-Date > \$ 225.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LUIS F. J SLANGEN 550 HAMPSHIRE RD AARON OH 44313	INVACARE CORP	twice monthly payroll deduction	499.98 (\$ 83.33 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 499.98	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M.L. TABICKMAN 453 NORTH ST CHARLAIN FALLS OH 44022	INVACARE CORP	twice monthly payroll deduction	600.00 (\$ 100 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT	Aggregate Year-to-Date > \$ 1200.00	

SUBTOTAL of Receipts This Page (optional)

10324.98

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4

FOR LINE NUMBER 1101

AMENDED

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NAME OF COMMITTEE (in Full)

INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC 10024989

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES R. TOLIVER 5511 PIN OAK CIRCLE SHREVEPORT VILLAGE OH 44054	INVACARE CORPORATION Occupation: VICE PRESIDENT	5/15/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GIMMIE WEBBER 10507 SHELTON WOODS WAY ELK GROVE CA 95624	INVACARE CORPORATION Occupation: VICE PRESIDENT	twice monthly payroll deduction	80.00 (\$2.67 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 206.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM M WEBBER 3200 ROUNDWOOD CARRAN FALLS OH 44022	WEBBER, WOOD MENINGER Occupation: PRESIDENT	4/15/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS V WIELAND 633 WELLESLEY CIRCLE AVON LAKE OH 44014	INVACARE CORPORATION Occupation: DIVISION CONTROLLER		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KELLY D WOLL 12215 ASBURY PARK DRIVE ROSWELL GA 30075	INVACARE CORPORATION Occupation: REGIONAL V.P.	4/15/94	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTIN J ZIMWANSKI 2455 MARIA LANE NORTH OLMSBURY OH 44070	INVACARE CORPORATION Occupation: CONTROLLER	4/15/94	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID WILLIAMS 901 SHADY LAWN AMHERST OH 44001	INVACARE CORPORATION Occupation: DIR. COMMUNICATIONS	twice monthly payroll deduction	124.98 (20.83 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.98		
SUBTOTAL of Receipts This Page (optional)			1,654.98
TOTAL This Period (last page this line number only)			

AMOUNT

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NAME OF COMMITTEE (in Full) INVACACE CORPORATION POLITICAL ACTION COMMITTEE AKA INVACACE 00024988

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RON THOMAS 135 WOODGEMOOD ELYRIA OH 44035 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	INVACACE CORPORATION Occupation:	4/15/94 Aggregate Year-to-Date > \$ 300.00	200.00
BRAN WATKINS 32388 Stony Brook Avon Lake OH 44012 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	INVACACE CORPORATION Occupation: VICE PRESIDENT	7/1/92 monthly payroll deduction Aggregate Year-to-Date > \$ 300.00	150.00 (\$25 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) _____ 14751.96

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

AMENDED

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NAME OF COMMITTEE (in Full)

INTEGRAL CORPORATION POLITICAL ACTION COMMITTEE AKA InvaPAC 800249896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Effective Government Committee 507 Capitol Court NE #10 Washington DC 20002	vacid Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/94	(\$5,000.00)
Brown for Congress Committee 111 Edgelyfield Drive Elyria OH 44035	4/20/94 Fundraiser OH-13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/19/94	5000.00
Democratic Congressional Campaign Committee 430 South Capitol St SE Washington DC 20003	4/20/94 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/19/94	10,000.00
House Leadership Fund 1253 C Street SE Washington DC 20003	Tom Foley, Washington HES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/94	1,000.00
Democratic Senatorial Campaign Comm 430 South Capitol SE Washington DC 20011	Tom Daschle SD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/94	5000.00
Vermont for Governor Committee 37 West Broad Street #960 Columbus, OH 43215	6/1/94 fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/94	7000.00
Friends of Kent Conrad 112 B East Broad Street Alexandria VA	Seniors - NO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/94	2000.00
1994 Senate House Dinner 1001 17th Street NW Suite 307 Washington DC 20036	Dinner benefiting Republican Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/94	1500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

21500.00

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

8-30-94

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JMN
 PREPARER

9-1-94
 DATE PREPARED

94039-01056