

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Invacare Corporation Political Action Committee aka ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 899 Cleveland Street CITY, STATE and ZIP CODE Lyria, Ohio 44035		FEB 4 3 10 AM '94 InvaPAC
2. FEC IDENTIFICATION NUMBER C00249896		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) Satisfied prior to 1/1/94

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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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

5. Covering Period <u>July 1, 1993</u> through <u>December 31, 1993</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19_93		\$ 21,501.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 26,369.70	
(c) Total Receipts (from Line 19)	\$ 10,011.99	\$ 43,380.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 36,387.69	\$ 64,881.69
7. Total Disbursements (from Line 30)	\$ 24,000.00	\$ 32,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12,387.69	\$ 12,381.69
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 20483 Toll Free 800-424-9530 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 <i>[Signature]</i>	Date <i>[Date]</i>

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

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

(revised 1/1/91)

NAME OF COMMITTEE

Inyacare Corporation Political Action Committee
aka InvaPAC C00249896

REPORT COVERING PERIOD

FROM July 1, 1993 TO December 31, 1993

		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9,427.06	38,016.08	
ii. Unitemized	281.00	4,761.73	
iii. Total (add i and ii) >	9,708.06	42,777.81	
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >	9,708.06	42,777.81	
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.)	303.93	602.83	
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	10,011.99	43,380.64	
20. Total Federal Receipts (subtract line 18 from line 19) >	10,011.99	43,380.64	
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) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees	24,000.00	52,500.00	
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. Individuals/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) >	24,000.00	52,500.00	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	24,000.00	52,500.00	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	9,708.06	42,777.81	
33. Total Contribution Refunds (from line 28d)	0	0	
34. Net Contributions (other than loans) (subtract line 33 from 32)	9,708.06	42,777.81	
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 36 from 35) >	0	0	

7-4-03-8-0 + 2-0 + 3-0

Any information copied from such Reports. Statements may not be used or used by any person for the purpose of soliciting contributions or for raising 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 InvaPAC C00249896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
See-Lan C. Ma 2330 Pebblebrook Westlake, OH 44145 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: V.P. Elyria Operations Aggregate Year-to-Date > \$ 1,000.00	Twice Monthly Payroll Deduction	\$500.00 (\$41.67 per period)
Richard A. Sayers II 7334 Auburnwood Hudson, OH 44236 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: V.P. Human Resources Aggregate Year-to-Date > \$ 450.00	Twice Monthly Payroll Deduction	\$450.00
Alan D. Mainelli 32388 Stony Brook Avon Lake, OH 44012 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: V.P. Homecare Engineering Aggregate Year-to-Date > \$ 660.00	Twice Monthly Payroll Deduction	\$275.00 (\$ 27 per period to 3/29/95)
Thomas V. Wiegand 633 Wellerley Circle Avon Lake, OH 44012 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Div. Controller-Homecare Aggregate Year-to-Date > \$ 300.00	3/29/95	Amount of Each Receipt this Period:
Gerald B. Blouch 3389 Arbor Way Westlake, OH 44145 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: V.P. V.P. S.M. Homecare Aggregate Year-to-Date > \$ 2,100.00	3/14/95 3/20/95	Amount of Each Receipt this Period: \$ 900.00 (\$ 90 per period)
Gene S. Kluch 995 Laurel Glens Kodonia, OH 44256 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: V.P. Systems Aggregate Year-to-Date > \$ 2,250.00	Twice Monthly Payroll Deduction	\$950.00 (\$ 95 per period)
Thomas A. Buckley 73267 Bal Ingham Ct. Bowlus, OH 44214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: V.P. Administration Services Aggregate Year-to-Date > \$ 500.00	Twice Monthly Payroll Deduction	\$500.00
SUBTOTAL (Line 1 through 7)			\$7,765.00

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NAME OF COMMITTEE (in Full)

Inyaware Corporation Political Action Committee aka InyaPAC C00245896

04030302001

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Last Receipt this Period
Francis J. Galishan 3193 Roundstone Rd. Hunting Valley, OH 44022 Receipt for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Director		Aggregate Year-to-Date > \$ 1,000.00
Carol A. Harlow 6542 Delisle Dr. N. Ridgeville, OH 44034 Receipt for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Inyaware Corporation		Aggregate Year-to-Date > \$ 500.00
A. Malachi Yisou III 2404 Stratford Rd. Cleveland, OH 44118 Receipt for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Inyaware Corporation		Aggregate Year-to-Date > \$ 5,000.00
Theodore H. Markfeld II 5608 Jansen St. Verillion, OH 44089 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Inyaware Corporation	Twice Monthly Payroll Deduction	\$ 600.00 (\$50 per period)
Matthew L. Tolson 483 North St. Marietta, OH 44037 Receipt for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Inyaware Corpn	Twice Monthly Payroll Deduction	\$ 1,200.00 (\$100 per period)
Elias G. Pappas 350 E. Charleston Ave. Fremont, GA 30720 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Arturo Tech. Proano	Twice Monthly Payroll Deduction	\$ 285.00 (\$24 per period)
Mark and Linda 2701 Lincoln Dr. Marietta, OH 44037 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Arturo Tech. Proano	Twice Monthly Payroll Deduction	\$ 480.00 (\$40 per period)

2,125.00

SCHEDULE A

EMIZED RECEIPTS

Use separate sheets for each category of the Data List Summary Page

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FOOLINE 15,168
112

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee aka InvaPAC 000249896

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Contribution
Florian Kato 330 Malman Drive Bay Village, OH 44140 Receipt Type: <input checked="" type="checkbox"/> Other (Specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Invacare Corporation Occupation: Director-Mgmt. Development & Comp. Aggregate Year-to-Date: \$ 300.00	Twice Monthly Payroll Deduction	Amount of Contribution: \$ 100.00 (\$33.33 per pay period)
William R. Foreman 188 Bounty Way Avon Lake, OH 44012 Receipt Type: <input checked="" type="checkbox"/> Other (Specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Invacare Corporation Occupation: Corp. V.P. Customer/Financial Services Production Aggregate Year-to-Date: \$ 663.00	Twice Monthly Payroll Deduction	Amount of Contribution: \$ 420.00 (\$35 per pay period)
Jim R. Salmon 15471. Street Fremont, CA 93720 Receipt Type: <input checked="" type="checkbox"/> Other (Specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Action Technology Occupation: Engineer Aggregate Year-to-Date: \$ 125.00	Twice Monthly Payroll Deduction	Amount of Contribution: \$ 175.00 (\$25 per pay period)
James A. Haler 726 Washington Avenue Dayton, Ohio 45405 Receipt Type: <input checked="" type="checkbox"/> Other (Specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Invacare Corporation Occupation: V.P.-Corporate Services Aggregate Year-to-Date: \$ 300.00	Twice Monthly Payroll Deduction	Amount of Contribution: \$ 200.00
Michael Parsons 11000 Deer Isle Drive Graham, OH 44044 Receipt Type: <input checked="" type="checkbox"/> Other (Specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Invacare Corporation Occupation: V.P.-Sales Aggregate Year-to-Date: \$ 300.00	Twice Monthly Payroll Deduction	Amount of Contribution: \$ 200.00
Duaneopler Alford 1751 Buckhorn Glen Circle Longwood, FL 32779 Receipt Type: <input checked="" type="checkbox"/> Other (Specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Basilio Corp. Occupation: Operations Aggregate Year-to-Date: \$ 372.00	Twice Monthly Payroll Deduction	Amount of Contribution: \$ 72.00 (\$36 per pay period)
M. L. Perry 5011 East West Court M. Linton, OH 46016 Receipt Type: <input checked="" type="checkbox"/> Other (Specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Invacare Corporation Occupation: Sales Rep. Legan Aggregate Year-to-Date: \$ 445.00	Twice Monthly Payroll Deduction	Amount of Contribution: \$ 240.00 (\$120 per pay period)

SUBTOTAL (for all contributions received)
TOTAL (for all contributions received)

1,007.00

SCHEDULE A

ITEMIZED RECEIPTS

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

Page 2 of 8
 Ohio Line Number 11a

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NAME OF COMMITTEE (in full)

Inyucare Corporation Political Action Committee aka Inyucare PAC 000249896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Payment (this year) (per pay period)
Lee Hyster 705 Oakhurst Amherst, OH 44001 Receipt No. [] Primary [] General [x] Other (use #):	Inyucare Corporation Occupation Director of Mfg. Payroll Aggregate Year-to-Date > \$ 320.00	Twice Monthly Payroll	\$ 240.00
David P. Williams 401 Shadylawn Amherst, OH 44001 Receipt No. [] Primary [x] General [] Other (use #):	Inyucare Corporation Occupation Corp. Director Communications/Relations Aggregate Year-to-Date > \$ 399.00	Twice Monthly Payroll	\$ 252.00
James Anzovink 3153 Mainfield Way Westlake, OH 44145 Receipt No. [] Primary [x] General [] Other (use #):	Inyucare Corporation Occupation Plant Mgr - Payroll Aggregate Year-to-Date > \$ 356.00	Twice Monthly Payroll	\$ 206.00
Carole Messer P.O. Box 274 Nashport, OH 44275 Receipt No. [] Primary [x] General [] Other (use #):	Inyucare Corporation Occupation Distribution Mgr. Payroll Aggregate Year-to-Date > \$ 200.00	Twice Monthly Payroll Deduction	\$ 84.00
Dore G. LaParro 1750 Edgewater Westlake, OH 44145 Receipt No. [] Primary [x] General [] Other (use #):	Salice, Baker & Griswold Occupation Mgr Payroll Aggregate Year-to-Date > \$1,000.00		\$ 1,000.00
K. Tracy Evans 2240 Green St. Somerset, OH 44270 Receipt No. [] Primary [x] General [] Other (use #):	Inyucare Corporation Occupation Mgr Payroll Aggregate Year-to-Date > \$ 500.00		\$ 500.00
[] Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Payment (this year) (per pay period)
[] Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Payment (this year) (per pay period)

240330320393

SUBTOTAL (do not include this amount) \$ 2,844.00
 TOTAL (do not include this amount) \$ 2,844.00

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee aka InvaPAC 000249856

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Hymie H. Pogir 2034 Aldersgate Dr. Lynchburg, OH 44124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: V.P. - Rehab Marketing Aggregate Year-to-Date: \$ 500.00		
Kelly D. Holt 12215 Ashbury Park Drive Roswell, GA 30075 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation (Atlanta/Southeast): Rehab Regional Manager Aggregate Year-to-Date: \$ 250.00		
Gilbert L. Henry 18815 Avon Beiden Road Grafton, OH 44044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Director - Corp. Test Lab Aggregate Year-to-Date: \$ 250.00		
Ronald P. Thomas 138 Ridgewood Ave. Rylee, OH 44035 Receipt For: <input checked="" type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Director - Mfg. Systems & Mfg. Aggregate Year-to-Date: \$ 300.00		
A. Chase Anderson 809 Cleveland St. Medina, Ohio 44035 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Director - Lab Support Aggregate Year-to-Date: \$ 2,000.00		
J. A. Rieley 2834 Courtland Blvd. Shaker Heights, OH 44122 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Mgr. V.P. - Total Quality Mgmt. Aggregate Year-to-Date: \$ 1,000.00		
Frank D. Carr 13703 Shaker Blvd., N.A. Cleveland, OH 44116 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Director Aggregate Year-to-Date: \$ 1,000.00		

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SUBTOTAL of Receipts This Page (bottom)

TOTAL for Schedule A (bottom of page)

ITEMIZED RECEIPTS

For each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Invasive Corporation Political Action Committee aka InvaPAC 000249896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Last Receipt (this form)
Louis P. J. Blangen 750 Rumpstone Rd. Albion, OR 97313 Receipt for: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invasive Corporation Occupation: V.P. & Gen. Mgr. - Rehab Aggregate Year-to-Date: > \$ 2,000.00		0
Frank Briggs Carr 3475 Roundwood Rd. Hunting Valley, OR 94022 Receipt for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invasive Corporation Occupation: Director International Sales Aggregate Year-to-Date: > \$ 200.00		0
Matthew J. Albinowski 2733 Maple Ln. Asell, Ormiston, OR 94070 Receipt for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	Invasive Corporation Occupation: Taylor Woods Specialization: Rehabilitation Controller Aggregate Year-to-Date: > \$ 200.00		0
Barbara J. Taylor 6310 Queen's Way Brooksville, FL 34614-2766 Receipt for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invasive Corporation Occupation: Cleveland St. Director - Aftermarket Pay Aggregate Year-to-Date: > \$ 55.00	Twice Monthly Payroll Deduction	\$ 55.00 (88% per pay period)
Randall Carter 1773 Santa Rosa Woodland, CA 94012 Receipt for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invasive Corporation Occupation: Mechanical Rep Aggregate Year-to-Date: > \$ 480.00	Twice Monthly Payroll Deduction	\$ 480.00 (60% per pay period)
Quinn Carter 10607 Sheldon Woods Way New Brown, CA 95624 Receipt for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Empnet Products Occupation: Sales & General Manager Aggregate Year-to-Date: > \$ 564.00	Twice Monthly Payroll Deduction	\$ 564.00 (60% per pay period)
Michael J. Delaney 1717 Rumpstone Road, Inc. Albion, OR 97313 Receipt for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invasive Corporation Occupation: Director Aggregate Year-to-Date: > \$ 500.00		0

2 4 5 3 3 1 2 3 2 2 2

SUBTOTAL (Total by the Employer)

TOTAL (Total by the Employer)

747.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee aka InvaPAC COG249896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dan T. Moore III 2626 Fairmount Blvd. Cleveland Heights, OH 44106 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Director Aggregate Year-to-Date > \$ 350.00		
Larry Kovacs 190 Glenview Dr. Avon Lake, OH 44012 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Director Aggregate Year-to-Date > \$ 225.00	Twice monthly \$ 10.00 per pay period	\$ 225.00
Lance Lerch 1634 N. Bissel Rd. Chicago, IL 60614 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Sales Aggregate Year-to-Date > \$ 240	Twice monthly \$10.00 per pay period	\$ 240.00
Tim McMullen 43114 Kiplon Nickle Plate LaGrange, OH 44050 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation VP-Sales Administration Aggregate Year-to-Date > \$ 348.00	\$11.00 per pay period twice monthly	\$ 348.00
Charles Phillips 39094 Busternet Ridge Elyria, OH 44035 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Aggregate Year-to-Date > \$ 290.00	\$10.00 per pay period twice monthly	\$ 290.00
Kathleen A. Schwartz 2952 Southwood Westlake, OH 44145 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Director-Corp. Finance Aggregate Year-to-Date > \$ 240.00	\$10.00 per pay period twice monthly	\$ 240.00
Michael K. Smith 91362 St. Andrew Westlake, OH 44145 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Mkt. Manager Aggregate Year-to-Date > \$ 255.00	\$15.00 per pay period twice monthly	\$ 255.00

SUBTOTAL of Receipts This Page (optional)	\$ 1,598.00
TOTAL This Period (use page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 8 OF 8 FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee aka InvaPAC 000249896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Bodnarik P.O. Box 4028 Myrtle, OH 44026 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation	\$10.00 per pay period twice monthly	\$240.00
Occupation: <u>Mfg. Manager</u>		Aggregate Year-to-Date > \$ 240.00	
B. Full Name, Mailing Address and ZIP Code William Z. Swart 9 Undercliff Terrace N. Orange, NJ 07052 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation	\$12.50 per pay twice monthly	\$300.00
Occupation: <u>Sales</u>		Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code John W. Wright 1376 West 36th Street San Pedro, CA 90731 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation	\$9.33 ¹ pay twice monthly	\$216.00
Occupation: <u>Sales</u>		Aggregate Year-to-Date > \$ 216.00	
D. Full Name, Mailing Address and ZIP Code James M Peirience 1186 North Plainview Copley, OH 44321 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation	\$10 per pay twice monthly	\$240.00
Occupation: <u>Systems Manager</u>		Aggregate Year-to-Date > \$ 240.00	
E. Full Name, Mailing Address and ZIP Code Courtney Harris 1715 Avalon Drive Colleyville, TX 76034 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation	\$10 per pay twice monthly	\$240.00
Occupation: <u>Sales</u>		Aggregate Year-to-Date > \$ 240.00	
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Occupation:		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Occupation:		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (opt. audit)	\$1,236.00
TOTAL for Period (last page to last line number only)	\$9,427.116

1
2
3
4

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee aka InvaPAC 000249896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Democratic Senatorial Campaign Committee 430 South Capitol Street, Southeast Washington, DC 20003	Business Roundtable Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/93	\$3,000.00
B. Full Name, Mailing Address and ZIP Code DECC Senate Majority Dinner 430 South Capitol Street, S.E. Washington, D.C. 20003	Purpose of Disbursement Dinner 10/5/93 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/93	Amount of Each Disbursement This Period \$7,500.00
C. Full Name, Mailing Address and ZIP Code Ben Cardin for Congress P.O. Box 65056 Baltimore, MD 21209	Purpose of Disbursement 11/7/93 Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/93	Amount of Each Disbursement This Period \$500.00
D. Full Name, Mailing Address and ZIP Code House Leadership Fund 355 New Jersey Ave., Nw #201 Washington, D.C. 20001	Purpose of Disbursement Policy Dinner - 10/17/93 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/93	Amount of Each Disbursement This Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code CephardL for Congress Committee 7435 Watson Road, Suite 107 St. Louis, MO 63119	Purpose of Disbursement Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/26/93	Amount of Each Disbursement This Period \$500.00
F. Full Name, Mailing Address and ZIP Code Healy for U.S. Senate 16 East Broad Street, Suite 1211 Columbus, Ohio 43215	Purpose of Disbursement 11/10/93 Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/10/93	Amount of Each Disbursement This Period \$3,000.00
G. Full Name, Mailing Address and ZIP Code Voinovich for Governor 37 W. Broad St., #960 Columbus, Ohio 43215	Purpose of Disbursement Re-election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/10/93	Amount of Each Disbursement This Period \$1,000.00
H. Full Name, Mailing Address and ZIP Code Maine Democratic Party P.O. Box 1758 Augusta, ME 04332	Purpose of Disbursement 12/20/93 Fundraiser for Y. Takahashi Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/20/93	Amount of Each Disbursement This Period \$4,000.00
I. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Committee 430 South Capitol Street, S.E. Washington, D.C. 20003	Purpose of Disbursement Business Roundtable Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/10/93	Amount of Each Disbursement This Period \$2,500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 25

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NAME OF COMMITTEE (in Full)

InvaGate Corporation Political Action Committee aka InvaPAC 000249896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
InvaGate Re-election Committee 425 Second St. NE Washington, D.C. 20002	Senate - Leah Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Voided 12/20/93	\$1,000.00 -
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) - \$1,000.00

TOTAL This Period (last page this line number only) \$27,000.00

A.C.C. 20030302

**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

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1/31/94

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Eric Smith
 PREPARER

2/4/94
 DATE PREPARED

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