

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
NOV 22 9 00 AM '93

USE FILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Invacare Corporation Political Action Committee aka InvaPAC		2. FEC IDENTIFICATION NUMBER C00249896
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 899 Cleveland Street		
CITY, STATE and ZIP CODE Elyria, Ohio 44035		3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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	Jan. 1, 1993 through June 30, 1993		
6. (a)	Cash on Hand January 1, 1993		\$ 21,501.05
(b)	Cash on Hand at Beginning of Reporting Period	\$ 21,501.05	
(c)	Total Receipts (from Line 19)	\$ 33,368.65	\$ 33,368.65
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 54,869.70	\$ 54,869.70
7.	Total Disbursements (from Line 30)	\$ 28,500.00	\$ 28,500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 26,369.70	\$ 26,369.70
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 800-424-9520 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 11/17/93

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

933374104

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/01)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
InvaCare Corporation Political Action Committee	FROM Jan. 1, 1993 TO: June 30, 1993	
aka InvaPAC C00249896	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	28,589.02	28,589.02
ii. Unitemized	4,480.73	4,480.73
iii. Total	33,069.75	33,069.75
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions	33,069.75	33,069.75
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.)	298.90	298.90
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	33,368.65	33,368.65
20. Total Federal Receipts	33,368.65	33,368.65
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		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	28,500.00	28,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441 a(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		
29. Other Disbursements		
30. Total Disbursements	28,500.00	28,500.00
31. Total Federal Disbursements	28,500.00	28,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	33,069.75	33,069.75
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans) (subtract line 33 from 32)	33,069.75	33,069.75
35. Total Federal Operating Expenditures	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures	0	0

93030574105

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 campaign 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

9303036674136

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sue-Lan C. Ma 2370 Peblebrook 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 > \$ 500.00	Twice Monthly Payroll Deduction	\$500.00 (\$41.67 per pay period)
B. Full Name, Mailing Address and ZIP Code Richard A. Sayers II 7334 Anbournwood Hudson, OH 44216 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 > \$ 900.00	Twice Monthly Payroll Deduction	\$500.00 (\$75 per pay period)
C. Full Name, Mailing Address and ZIP Code Alan D. Wainscort 32388 Stoney 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 > \$ 385.00	Twice Monthly Payroll Deduction	\$385.00 (\$42 per pay period to 3/7/93)
D. Full Name, Mailing Address and ZIP Code Thomas V. Wiegand 633 Kellasley 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	3/29/93	\$300.00
E. Full Name, Mailing Address and ZIP Code Gerald B. Blouch 3385 Arbor Way Westlake, OH 44145 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Invacare Corporation Occupation: CFO-V.P., G.M. Homecare Aggregate Year-to-Date > \$ 1,800.00	3/14/93 3/20/93	\$1,200.00 \$ 600.00 (\$50 per pay period)
F. Full Name, Mailing Address and ZIP Code Kent R. Kitch 505 Laurel Glen Madinia, OH 44138 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Invacare Corporation Occupation: V.P. Systems Aggregate Year-to-Date > \$ 1,115.00	Twice Monthly Payroll Deduction	\$1,115.00 (\$90 per pay period, \$95 est 3/31)
G. Full Name, Mailing Address and ZIP Code Thomas J. Storkley 29267 Solingham Ct. Westlake, OH 44145 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Invacare Corporation Occupation: V.P. Distribution Services Aggregate Year-to-Date > \$ 500.00	3/24/93	\$500.00
SUBTOTAL of Receipts This Page (Column 1)			\$ 5,500.00
TOTAL This Article (Start page this number with)			\$ 5,500.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

Total of
2 1 7
ADDITIONAL SCHEDULES
11a

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 InvaPAC C00249896

2333374107

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis J. Callahan 3195 Roundwood Rd. Bowling Valley, OH 44022 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Director Aggregate Year-to-Date > \$ 1,000.00	3/16/93	\$1,000.00
Carol A. Haelen 6544 Debbie Dr. N. Ridgeville, OH 44239 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Mgr. Compensation Aggregate Year-to-Date > \$ 500.00	3/26/93	\$ 500.00
A. Malachi Nixon III 2484 Stratford Rd. Cleveland Hts, OH 44118 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Pres./CEO Aggregate Year-to-Date > \$ 5,000.00	3/16/93	\$5,000.00
Theodore D. Washfield II 3626 Luron St. Vermilion, OH 44089 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation V.P.-Elec. Engineering Aggregate Year-to-Date > \$ 100.00	Twice Monthly Payroll Deduction	Amount of Each Receipt this Period \$ 100.00 (\$50 per pay period)
Maurice I. Tabickman 283 North St. Chagrin Falls, OH 44022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Canada V.P. & Gen. Mgr. Aggregate Year-to-Date > \$ 600.00	Twice Monthly Payroll Deduction	Amount of Each Receipt this Period \$ 600.00 (\$100 per pay period)
Klaus Gerslers 154 E. Trenton Ave. Fresno, CA 93725 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Action Tech. Fresno Director of Operations Aggregate Year-to-Date > \$ 288.00	Twice Monthly Payroll Deduction	Amount of Each Receipt this Period \$ 288.00 (\$24 per pay period)
Mark Sullivan 707 Lincoln St. Asherat, OH 44091 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Director of Marketing Aggregate Year-to-Date > \$ 240.00	Twice Monthly Payroll Deduction	Amount of Each Receipt this Period \$ 240.00 (\$20 per pay period)
SUBTOTAL of Receipts This Page (top total)			\$7,728.00
TOTAL This Page (top page the line number)			\$7,728.00

SCHEDULE A

ITEMIZED RECEIPTS

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

Page 2 of 7
OFFICE OF THE ATTORNEY GENERAL

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 campaign 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
Florian Kern 535 Walnut Drive Bay Village, OH 44140 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify):	Invacare Corporation Director - Mgmt. Development & Comp. Aggregate Year-to-Date > \$ 199.98	Twice Monthly Payroll Deduction	\$ 199.98 (\$33.33 per pay period)
William P. Corcoran 388 Country Way Avon Lake, OH 44012 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify):	Invacare Corporation Occupation: Corp. V.P. Customer/Financial Services Aggregate Year-to-Date > \$ 245.00	Twice Monthly Payroll Deduction	\$ 245.00 (\$35 per pay period)
Jim R. Salner 1514 E. Utah Fresno, CA 93720 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Action Technology Occupation: Engineer Aggregate Year-to-Date > \$ 150.00	Twice Monthly Payroll Deduction	\$ 150.00 (\$25.00 per pay period)
James R. Thaler 724 Washington Avenue Elvira, Ohio 44035 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Invacare Corporation Occupation: V.P.-Corporate Services Aggregate Year-to-Date > \$ 1,000.00	4/27/93	\$1,000.00
Michael Parsons 11000 Deer Run Drive Grafton, OH 44024 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Invacare Corporation Occupation: V.P.-Sales Aggregate Year-to-Date > \$ 1,500.00	4/19/93	\$1,500.00
Christopher Allard 1137 Mackham Glen Circle Landrum, FL 32779 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Mobilize Corp. Occupation: Operations Aggregate Year-to-Date > \$ 300.00	Twice Monthly Payroll Deduction	\$ 300.00 (\$25.00 per pay period)
Michael Perry 6001 Lock West Court Arlington, TX 76016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Invacare Corporation Occupation: Sales Rep. - Texas Aggregate Year-to-Date > \$ 205.00	Twice Monthly Payroll Deduction	\$ 205.00 (\$20.00 per pay period)

SUBTOTAL of Receipts This Period (and)

\$3,399.94

TOTAL This Period (Receipts this Period and)

33038374103

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 of 7
FORM 116-B (1993)

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 Total PAC 00249896

23038674109

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lou Hyster 225 Oakhurst Amherst, OH 44001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Director of Mfg. - Taylor Aggregate Year-to-Date > \$ 80.00	Twice Monthly Payroll Ded. 5/8/93	\$ 80.00 (\$20.00 per pay period)
David L. Williams 401 Shadyland Amherst, OH 44001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Corp. Director - Communications/Relations Aggregate Year-to-Date > \$ 147.00	Twice Monthly Payroll Ded. 5/8/93	\$ 147.00 (\$21.00 per pay period)
James Ankoviak 3193 Fairfield Way Westlake, OH 44145 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Plant Mgr. - Taylor St. Aggregate Year-to-Date > \$ 192.00	Twice Monthly Payroll Ded. 5/8/93	\$ 192.00 (\$16.00 per pay period)
Carrie Messer P.O. Box 274 Spencerville, OH 44275 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Distribution Mgr. Taylor St. Aggregate Year-to-Date > \$ 150.00	Twice Monthly Payroll Ded. 5/8/93	\$ 150.00 (\$50.00 per pay period)
Dale C. LaPorte 1345 Timberline Westlake, OH 44145 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Colfax, Walter & Griswold Occupation: Attorney Aggregate Year-to-Date > \$1,000.00	3/6/93	\$1,000.00
Whitney Evans 4280 Green St. Secoma, GA 35475 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corp. Occupation: Director Aggregate Year-to-Date > \$ 500.00	5/3/93	\$500.00
William M. Soper 3300 Roundwood Chaparral Falls, OH 44022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corp. Occupation: Director Aggregate Year-to-Date > \$ 500.00	4/29/93	\$500.00

SUBTOTAL of Receipts This Page (entered) \$2,549.00
 TOTAL This Period (Use page 1 if the number on page 1)

SCHEDULE A

ITEMIZED RECEIPTS

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

TOTAL OF
5 17
PAGE LINE NUMBER
11a

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 InvaPAC C00249896

9303057410

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dymie H. Pogir 2034 Aldersgate Dr. Lyndhurst, OH 44124	Invacare Corporation	4/27/93	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P.-Rehab Marketing	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
Kelly D. Wolf 12215 Ashbury Park Drive Roswell, GA 30075	Invacare Corporation	4/3/93	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation (Atlanta/Southeast) Rehab Regional Manager	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gilbert E. Henry 18815 Avon Helden Road Grafton, OH 44044	Invacare Corporation	4/13/93	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director-Corp. Test Lab	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald P. Thomas 138 Wedgewood Ave. Elyria, OH 44035	Invacare Corporation	4/12/93	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Director-Mfg. Systems & Fac.	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Chace Anderson 899 Cleveland St. Elyria, Ohio 44035	Invacare Corporation	4/6/93	\$2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P.-Int'l.-Europe	Aggregate Year-to-Date > \$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. B. Richey 2834 Courland Blvd. Shaker Heights, OH 44122	Invacare Corporation	4/12/93	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. V.P.-Total Quality Mgmt.	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank S. Carr 13705 Shaker Blvd., 3-A Cleveland, OH 44116	Invacare Corp.	4/14/93	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 1,000.00	
SUBTOTAL of Receipts To this Page (optional)			\$5,300.00
TOTAL This Period (last page this line number only)			\$5,300.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Detailed Summary Page

FOR LINE NUMBER 11a

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 any other purpose, 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

1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Louis F.J. Slangen 550 Hampshire Rd. Akron, OH 44313	Invacare Corporation	4/3/93	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. & Gen. Mgr.-Rehab Aggregate Year-to-Date > \$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank Briggs Carr 3425 Roundwood Rd. Burling Valley, OH 44022	Invacare Corporation	4/7/93	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director-International Sales Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marlin J. Ziemlowski 24435 Maria Ln. North Olmsted, OH 44070	Invacare Corporation	4/2/93	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Taylor Woods Distribution Controller- Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald J. Nayher 6310 Queens Way Brockville, OH 44141-2766	Invacare Corporation	Twice Monthly Payroll Deduction	\$300.00 (\$25 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Cleveland St. Director-Aftermarket Parts Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Neal Corran 1270 Banta Road Lakewood, OH 44107	Invacare Corporation	Twice Monthly Payroll Deduction	\$240.00 (\$20.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D. - Mechanical Eng Aggregate Year-to-Date > \$ 240.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Utmar Reber 10807 Shelton Knolls Way Ell Grove, GA 95634	Canyon Products	Twice Monthly Payroll Deduction	\$252.00 (\$21 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. & General Manager Aggregate Year-to-Date > \$ 252.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael F. Delaney 14212 Harding Bush Ln. Silver Spring, MD 20906	Invacare Corp.	5/9/93	\$400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (please print)	\$3,592.00
TOTAL This Form (last page of this form only)	

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 InvaPAC C00249896

2
1
4
7
6
3
3
9

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 Fairmont Blvd. Cleveland Heights, OH 44106 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director Aggregate Year-to-Date > \$ 300.00	5/21/93	\$300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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 (optional)	\$ 300.00
TOTAL This Page (and next page on 5 line number on 4)	\$ 28,589.02

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 any other 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: 000249896

3
4
5
6
7
8
9
0
1
2

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Sam Conrad 244 Second St. NE Suite 300 Washington, D.C. 20002	Senate - North Dakota Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/93	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Marjorie Margulies Mezey for Congress 115 8th Street SE Washington, D.C. 20004	Purpose of Disbursement D13 Pennsylvania Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/93	\$ 500.00
C. Full Name, Mailing Address and ZIP Code The Soyakhan Committee 21 East 40th Street #2104 New York, NY 10016	Purpose of Disbursement Senate New York Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/93	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee P.O. Box 2884, Washington, D.C. 20013	Purpose of Disbursement Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/93	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Mel Reynolds for Congress Committee 215 Pennsylvania Ave. SE Washington, D.C. 20003	Purpose of Disbursement D-2 Illinois Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/93	\$ 500.00
F. Full Name, Mailing Address and ZIP Code Utah Reaction Committee 425 Second St. SE Washington, D.C. 20002	Purpose of Disbursement Senate - Utah Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/93	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Brewster for Congress P.O. Box 10 Madill, OK 73466	Purpose of Disbursement D-3 Oklahoma Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/93	\$ 500.00
H. Full Name, Mailing Address and ZIP Code Cephardt in Congress Committee 507 Capitol Ct. SE Suite 100 Washington, D.C. 20002	Purpose of Disbursement D-3 Missouri Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/93	\$1,000.00
I. Full Name, Mailing Address and ZIP Code Hobson for Congress Committee 333 N. Limestone St. Springfield, AL 35501	Purpose of Disbursement R-7 Ohio Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/19/93	\$ 500.00

SUBTOTAL of Disbursements This Page (optional)
TOTAL OF ALL DISBURSEMENTS THIS PERIOD \$10,500.00

Any information copied from such reports and statements may not be said or used by any person for the purpose of soliciting contributions or for campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Inuvare Corporation Political Action Committee aka InvaPAC C00249896

4
1
4
7
6
6
3
3
3

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
1993 Democratic Special Election Fund P.O. Box 2884 Washington, D.C. 20013	Special Election Fund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/93	\$5,000.00
B. Full Name, Mailing Address and ZIP Code Pete Stark Re-election Committee P.O. Box 44665 Washington, D.C. 20076-0665	Purpose of Disbursement 4/19/93 dinner Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/19/93	\$2,000.00
C. Full Name, Mailing Address and ZIP Code Sherrod Brown For Congress Committee 111 Edgelfield Elyria, Ohio 44030	Purpose of Disbursement Debt Retirement Fund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/93	\$5,000.00
D. Full Name, Mailing Address and ZIP Code Bob Kreyger Campaign 1011 San Jacinto Avenue Austin, TX 78701	Purpose of Disbursement 4/20/93 fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/93	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Oklahomans for Walters P.O. Box 54644 Oklahoma City, OK 73151	Purpose of Disbursement Reception honoring David Walters, Gov. of Oklahoma Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/93	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Congressman Fazio Campaign Committee P.O. Box 990 Washington, D.C. 20041	Purpose of Disbursement 6/16/93 fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/93	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Bliley for Congress P.O. Box 9871 Alexandria, VA 22304	Purpose of Disbursement Fundraising dinner 6/8/93 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/93	\$1,000.00
H. Full Name, Mailing Address and ZIP Code A SOL of People Supporting Tom Daschle P.O. Box 15135 Washington, D.C. 20003	Purpose of Disbursement D - South Dakota Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/93	\$1,000.00
I. Full Name, Mailing Address and ZIP Code Bath Election Committee 107 East 200 South, Suite 430 Salt Lake City, UT 84111	Purpose of Disbursement fundraising dinner 6/27/93 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/21/93	\$1,000.00

SUBTOTAL of Disbursements This Page (not of all pages)	\$ 18,000.00
TOTAL This Page (not of all pages)	\$28,500.00

**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

Registered/Certified Mail POSTMARKED
11/18/93

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

E.S. 11/23/93
 PREPARER DATE PREPARED

9 3 J 3 8 6 7 4 1 1 5