

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

JUL 26 12 45 PM '95

1. NAME OF COMMITTEE (in full)

C00249896 061495 p 247 iparted

KATHLEEN A. SCHWARTZER
INVACARE CORPORATION POLITICAL
ACTION COMMITTEE AKA INVA PAC
899 CLEVELAND STREET
ELYRIA OH 44036

2. FEC IDENTIFICATION NUMBER
C00249896

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

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

6. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1/1/95 through 6/30/95		
(a) Cash on Hand January 1, 1995		\$ 7,050.08
(b) Cash on Hand at Beginning of Reporting Period	\$ 7,050.08	
(c) Total Receipts (from Line 19)	\$ 26,817.44	\$ 26,817.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 33,867.52	\$ 33,867.52
7. Total Disbursements (from Line 30)	\$ 13,000.00	\$ 13,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 20,867.52	\$ 20,867.52
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 800-424-9530 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
Kathleen Schwartz

Date
7/17/95

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 <i>Invalcare Corporation Political Action Committee</i>		REPORT COVERING PERIOD FROM <i>1/1/95</i> TO: <i>6/30/95</i>	
AKA <i>Invalcare CO24896</i>		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	20,002.92	20,002.92	11(a)K
ii. Unitemized	6,554.40	6,554.40	11(a)K
iii. Total (add i and ii) >	26,557.32	26,557.32	11(a)K
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a, ii, b and c) >	26,557.32	26,557.32	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	260.12	260.12	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	26,817.44	26,817.44	19
20. Total Federal Receipts (subtract line 18 from line 19) >	26,817.44	26,817.44	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)I
ii. Non-Federal Share			21(a)I
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	13000.00	12000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	13,000.00	13,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	13,000.00	13,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	26,557.32	26,557.32	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	26,557.32	26,557.32	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3

FOR LINE NUMBER
141

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 AEA Invacare C00341892

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher C. Allard 1750 Markham Glen Cir Langhamsville AL 36779	Invacare Corporation	TWICE monthly payroll deduction	249.96 (\$20.83 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP OPERATIONS	Aggregate Year-to-Date > \$ 249.96	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald B. Blouch 5740 Great Northern Blvd #00 North District OH 44076-3800	Invacare Corporation	4/15/95 twice monthly payroll deduction	2500.00 390.00 1365 per pay period through 3/31/95
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 2890.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Oliver Bedine P.O. Box 89 Garrison NY 10524	Invacare Corporation	twice monthly payroll deduction	250.00 (\$50.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Manager	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
Thomas J. Buckley 21267 Nottingham Court Wickliffe OH 44145	Invacare Corporation	3/31/95	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Unit Manager	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald D. Amadoriano 5670 Woodsham Ave Solon, OH 44139	Invacare Corporation	4/15/95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Manager	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William F. Robinson 308 County Road Aurora Lake, OH 44202	Invacare Corporation	twice monthly payroll deduction	465.00 (\$37.50 per pay period through 3/31/95)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Customer Service	Aggregate Year-to-Date > \$ 465.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol A. Hunter 6504 Debbie Drive North Ridgeville OH 44039	Invacare Corporation	twice monthly payroll deduction	276.00 (\$23.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Product Development	Aggregate Year-to-Date > \$ 276.00	

SUBTOTAL of Receipts This Page (optional)

\$130.96

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 2 OF 3
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Invasive Corporation Political Action Committee AKA INVAFAC 600247896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alanna K. ... 330 ... Day ... OH ...	Invasive Corporation	twice monthly payroll deduction	225.00 (16.67 per pay period since 4/1/95) (16.67 prior)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Director Mgt Developer	Aggregate Year-to-Date > \$ 225.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ken & Ruth ... 405 Laurel ... Mason OH 44253	Invasive Corporation	twice monthly payroll deduction	582.00 (497 per pay period through 3/31/95)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: VP MIS	Aggregate Year-to-Date > \$ 582.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lawrence L. ... 140 ... Aurora OH 44212	Invasive Corporation	twice monthly payroll deduction	90.00 (\$15 per pay period through 3/31/95) 150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: General Manager	Aggregate Year-to-Date > \$ 240.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas R. ... 1850 ... Springfield OH 44130	Invasive Corporation	twice monthly payroll deduction	1000.00 700.00 (\$100 per pay period since 3/31/95)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: CFO	Aggregate Year-to-Date > \$ 1300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John ... 200 ... Cleveland Heights OH 44118	Invasive Corporation	4/15/95	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: CFO	Aggregate Year-to-Date > \$ 5000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael E. ... 330 ... Canton OH 44704	Invasive Corporation	4/30/95	1500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: VP Sales	Aggregate Year-to-Date > \$ 1500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph B. ... 200 ... Springfield OH 44130	Invasive Corporation	5/1/95	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Senior VP	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)

9572.00

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3

FOR LINE NUMBER

1101

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NAME OF COMMITTEE (In Full)

Invacare Corporation Political Action Committee AKA INVOPAC CO0249876

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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
Richard A Stevens III 7337 Andersonwood Houston TX 77230	Invacare Corporation	twice monthly payroll deduction	900.00 (\$75.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: VP Human Relations	Aggregate Year-to-Date > \$ 900.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leah F S. Sluyter 950 Hampshire Road Abham CT 06433	Invacare Corporation	twice monthly payroll deduction	1249.98 (\$ 53.33 per pay period to 3/31 then \$1.50 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: VP Sales / Mktg	Aggregate Year-to-Date > \$ 1249.98	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony A. Tolubekov 10311 11th Street Chesapeake VA 22022	Invacare Corporation	twice monthly payroll deduction	1392.00 (\$100 per pay period to 3/31 then \$1.50 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: General Manager	Aggregate Year-to-Date > \$ 1392.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan J. Wainwright 3255 Spring Creek Avenue Lake CO 80422	Invacare Corporation	twice monthly payroll deduction	300.00 (\$ 50 per pay period beginning 4/1)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: VP Engineering	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
Thomas J. Volzgen 635 11th Street NW Boca Raton FL 33432	Invacare Corporation	3/31/95	450.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Director NA	Aggregate Year-to-Date > \$ 450.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David T. Williams 401 Southdown Houston TX 77057	Invacare Corporation	twice monthly payroll deduction	279.98 (\$ 46.66 per pay period to 3/31 then \$1.50 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Director Administration	Aggregate Year-to-Date > \$ 279.98	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles R. Schwartz 19 Scientific Ridge Lane Sparta NJ 07871	Allied Health Care	6/9/95	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: VP Operations	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2002.98

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)

INDEPENDENT CONSERVATION POLITICAL ACTION COMMITTEE (ICA) INCORPORATED 11020 49994

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NORWOOD FOR US CONGRESS 3645 WASHINGTON WAY EXTENSION AUGUSTA, GA 30909	R-DA-10 BEST RESTORMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/24/95	500.00
B. Full Name, Mailing Address and ZIP Code BIBAKIS FOR CONGRESS P.O. BOX 1077 TARZON SPRINGS, FL 34688	PLO-9 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/95	1,000.00
C. Full Name, Mailing Address and ZIP Code BILL FREEMAN CAMPAIGN COMMITTEE P.O. BOX 395 BARBERSVILLE, IA 52001	CA-31 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/95	1,000.00
D. Full Name, Mailing Address and ZIP Code UNION FOR CONGRESS 1012 SOUTH CHINBLOW SUITE E-260 LAS VEGAS, NV 89103	R-1-NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/95	1,000.00
E. Full Name, Mailing Address and ZIP Code HUSSEN FOR CONGRESS 1211 WORTHINGTON DR AUSTIN, TX 78701	R-7-TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/95	500.00
F. Full Name, Mailing Address and ZIP Code A LOT OF PEOPLE SUPPORTING CLAYBORN P.O. BOX 10125 WASHINGTON, DC 20005	R-0-SD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/95	1,000.00
G. Full Name, Mailing Address and ZIP Code GUS JOSE FOR PRESIDENT COMMITTEE P.O. BOX 500 TAMPA, FL 33601	Presidential Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/95	2,000.00
H. Full Name, Mailing Address and ZIP Code MAYNARD FOR CONGRESS COMMITTEE P.O. BOX 1077 TARZON SPRINGS, FL 34688	R-10-FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/95	1,000.00
I. Full Name, Mailing Address and ZIP Code BUD WALKER FOR CONGRESS COMMITTEE 1012 SOUTH CHINBLOW SUITE E-260 LAS VEGAS, NV 89103	R-10-NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/95	1,000.00

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SUBTOTAL of Disbursements This Page (optional) 7,500.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Increase Corporation Political Action Committee AKA InverPAC. COC 349596

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COTTEN FOR SENATE. P.O. BOX 377 PORTLAND ME 04104	R-NE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/95	1,000.00
B. Full Name, Mailing Address and ZIP Code GERNARDT IN CONGRESS COMMITTEE 7435 WATSON RD #107 ST LOUIS, MO 63119	G-3 MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/95	1,000.00
C. Full Name, Mailing Address and ZIP Code CHRISTENSEN FOR CONGRESS P.O. BOX 540621 OMAHA, NE 68154	R-L-NE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/95	500.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF STEPHEN BROWN 11 COLLETTES BL ELMIRA, OH 43825	S-13 OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/95	1,000.00
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)

TOTAL This Period (last page this line number only)

1,500.00

**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
7/25/95

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

J.A.Q.
PREPARER

7/28/95
DATE PREPARED

95039080104