

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

000400896 090204 p 247
 KATHLEEN A. SCHWARTZER
 HUNDERS CORPORATION POLITICAL
 ACTION COMMITTEE AREA INVA PAC
 309 CLEVELAND STREET
 CLEVELAND OH 44106

2. FEC IDENTIFICATION NUMBER
 3. This committee has qualified as a multi-candidate 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:

- 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 <u>July 1, 1994</u> through <u>September 30, 1994</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 12381.69
(b) Cash on Hand at Beginning of Reporting Period	\$ 5228.89	
(c) Total Receipts (from Line 19)	\$ 5177.32	\$ 28024.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 10406.21	\$ 40406.21
7. Total Disbursements (from Line 30)	\$ 7250.00	\$ 37250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3156.21	\$ 3156.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY 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 202-719-3420

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: 10/14/94

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

FEC FORM 3X

(revised 9/93)

FEAAN 101

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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 11/1991)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Invacare Corporation Political Action Committee		FROM 7/1/94	TO: 9/30/94
AKA InvaPAC	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		3769.92	20996.88
i. Itemized (use Schedule A)		1351.50	6836.30
ii. Unitemized		5121.42	27833.18
iii. Total!	(add i and ii) >		
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a iii, b and c) >	5121.42	27833.18
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.)		55.90	191.34
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5177.32	28024.52
20. Total Federal Receipts	(subtract line 18 from line 19) >	5177.32	28024.52
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) >	7250.00	37250.00
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
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) >	7250.00	37250.00
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	7250.00	37250.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		5121.42	27833.18
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)		5121.42	27833.18
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 34 from 35) >	0	0

9403931432

SCHEDULE A

ITEMIZED RECEIPTS

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 InvaPAC C00249896

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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
Christopher C. Allard 1731 Markham Glen Circle Longwood, FL 32779	Invacare Corporation	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):	Occupation: <u>Business Unit Manager</u> Aggregate Year-to-Date: \$ 310.30		
Gerald B. Blouch 5790 Great Northern Blvd. #D1 N. Olmsted, OH 44070	Invacare Corporation	twice monthly payroll deduction	390.00 (\$65 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>President Home Care</u> Aggregate Year-to-Date: \$ 1140		
William Corcoran 388 Bounty Way Avon Lake, OH 44012	Invacare Corporation	twice monthly payroll deduction	225.00 (\$37.50 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Business Unit Leader</u> Aggregate Year-to-Date: \$ 625.00		
Carol A. Hanlon 6544 Debbie Dr. N. Ridgeville, OH 44039	Invacare Corporation	twice monthly payroll deduction	138.00 (23 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Manager-Compensation</u> Aggregate Year-to-Date: \$ 276.00		
Louis J. Hyster 703 Oakherst Dr. Amherst, OH 44102	Invacare Corporation	twice monthly payroll deduction	150.00 (\$25 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Toolroom Manager</u> Aggregate Year-to-Date: \$ 395.00		
Florian Kete 336 Walmar Dr. Bay Village, OH 44140	Invacare Corporation	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):	Occupation: <u>Director Mgt. Develop.</u> Aggregate Year-to-Date: \$ 249.96		
Kent R. Kluth 905 Laurel Glens Medina, OH 44256	Invacare Corporation	twice monthly payroll deduction	582.00 (\$97 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Vice President MIS</u> Aggregate Year-to-Date: \$ 1639.00		

SUBTOTAL of Receipts This Page (optional) 1734.96

TOTAL This Period (as of page this line number only)

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 C00249896

940304134

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim McMullen 43114 Kipton Nickle Plate LaGrange, OH 44050 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: Vice President-Sales Admin Aggregate Year-to-Date > \$ 231.00	twice monthly payroll deduction	90.00 (\$15 per pay period)
Richard A. Sayers III 7334 Arborwood Hudson, OH 44236 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: Vice President-HR Aggregate Year-to-Date > \$ 675.00	twice monthly payroll deduction	450.00 \$75 per pay period)
Louis F. J. Slangen 550 Hampshire Rd. Akron, OH 44313 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: President-Rehab Aggregate Year-to-Date > \$ 999.96	twice monthly payroll deduction	499.98 (\$83.33 per pay period)
Mark C. Sullivan 707 Lincoln St. Amherst, OH 44001 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: Marketing Director Aggregate Year-to-Date > \$ 240.00	twice monthly payroll deduction	60.00 (\$10 per pay period)
M. L. Tabickman 403 North St. Chagrin Falls, OH 44022 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: President-Canada Aggregate Year-to-Date > \$ 1800.00	twice monthly payroll ded.	600.00 (\$100 per pay period)
Alan D. Wainscott 32388 Stoney Brook Avon Lake, OH 44012 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: Vice President-Engineering Aggregate Year-to-Date > \$ 450.00	twice monthly payroll deduction	150.00 (\$25 per pay period)
Otmar Weber 10807 Sheldon Wds W. Elk Grove, CA 95624 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: General Manager Aggregate Year-to-Date > \$ 765.00	twice monthly payroll deduction	60.00 (\$20 per pay through 8/15/94)

SUBTOTAL of Receipts This Page (optional) 1909.98

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 11a

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NAME OF COMMITTEE (In Full)

Invacare Corporation Political Action Committee AKA InvaPAC C00249896

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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
David T. Williams 901 Shady Lawn Amherst, OH 44001	Invacare Corporation	twice monthly payroll	124.98 (\$20.83 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Director Communications</u> Aggregate Year-to-Date > \$ 375.96		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Whitney Evans 4480 Grove St. Sonoma, CA 95476	Invacare Corporation		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Board of Directors</u> Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R. Miklich 18541 Nantucket Dr. Strongsville, OH 44136	Invacare Corporation		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>CEO</u> 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
A. Malachi Nixon III 2484 Stratford Dr. Cleveland Hts., OH 44118	Invacare Corporation		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>CEO</u> Aggregate Year-to-Date > \$ 5000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael E. Parsons 330 Deer Run Dr. Grafton, OH 44044	Invacare Corporation		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Vice President-Sales</u> Aggregate Year-to-Date > \$ 1500.00		
F. 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 Rd. Shaker Hts, OH 44122	Invacare Corporation		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Senior Vice President</u> Aggregate Year-to-Date > \$ 1000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James R. Thaler 5511 Pin Oak Circle Sheffield Village, OH 44854	Invacare Corporation		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Vice President</u> Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

124.98

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 4 OF 4
FOR LINE NUMBER

1121

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NAME OF COMMITTEE (In Full)

Invacare Corporation Political Action Committee AKA InvaPAC C00249896

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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
Ronald P. Thomas 138 Wedgewood Ave. Elyria, OH 44035 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Facilities Director Aggregate Year-to-Date > \$ 300.00		0
William M. Weber 3200 Roundwood Chagrin Falls, OH 44022 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Board of Directors Aggregate Year-to-Date > \$ 500.00		0
Thomas Wiegand 633 Wellesley Circle Avon Lake, OH 44012 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Division Controller Aggregate Year-to-Date > \$ 400.00		0
Kelly D. Wolf 12215 Asbury Park Dr. Roswell, GA 30075 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Vice President, Sales Aggregate Year-to-Date > \$ 250.00		0
John W. Wright 1326 W. 36th St. San Pedro, CA 90731 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Vice president, Sales Aggregate Year-to-Date > \$ 250.00		0
Martin J. Ziemianski 24465 Maria Ln North Olmsted, OH 44070 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Plant Controller Aggregate Year-to-Date > \$ 200.00		0
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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

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

3,769.92

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 23

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 C00249896

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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
Friends of Bob Carr 3401 E. Saginaw Suite 215D Lansing, MI 48912	D-B-ME Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/94	1000.00
B. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign 430 South Capitol St. SE Washington, DC 20003	Purpose of Disbursement 1994 Senate Majority Dinner Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/94	3000.00
C. Full Name, Mailing Address and ZIP Code Hatch Election Committee 440 Frist Street NW Washington, DC 20001	Purpose of Disbursement Senate-UT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/94	1000.00
D. Full Name, Mailing Address and ZIP Code Citizens for Wofford 1420 Walnut Street 808 Philadelphia, PA 19102	Purpose of Disbursement Senate-PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/94	1000.00
E. Full Name, Mailing Address and ZIP Code Naeger for Representative Committee P.O. Box 89 Perryville, MO 63775	Purpose of Disbursement State House 155-MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/94	250.00
F. Full Name, Mailing Address and ZIP Code Friends of Mike DeWine 8 East Broad St. 15th Floor Columbus, OH 44321	Purpose of Disbursement Candidate for U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/94	1000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General (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 (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 (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)

7,250.00

**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

10/14/94

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

[Signature]

PREPARER

10/18/94

DATE PREPARED

94039314138