

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 19 2 52 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Jerome E. Fox, Jr. Invasive Cooperative Political Action Committee AKA Inva-Pac		2. FEC IDENTIFICATION NUMBER C00249896
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported One Invasive Way		
CITY, STATE and ZIP CODE Elyria, OH 44035		
3. <input checked="" type="checkbox"/> 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

12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post-Election 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>4/1/98</u> through <u>6/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 16,045.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 27,802.14	
(c) Total Receipts (from Line 18)	\$ 16,721.28	\$ 33,757.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 44,523.42	\$ 50,023.42
7. Total Disbursements (from Line 30)	\$ 9,500.00	\$ 15,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 35,023.42	\$ 35,023.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 600 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-9420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

Jerome E. Fox, Jr.

Signature of Treasurer

Date

7-15-98

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

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FEC FORM 3X  
(revised 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE <u>LAVACA Coorporation Political Action Committee</u>	REPORT COVERING PERIOD		
	FROM <u>April 1</u>	TO <u>June 30</u>	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	13,593.95	26,853.87	11(d)
ii. Unitemized	2,837.40	6,392.92	11(e)
Total (add i and ii) >	16,431.35	33,246.69	11(f)
b. Political Party Committees			11(g)
c. Other Political Committees (such as PACs)			11(h)
d. Total Contributions (add a ii, b and c) >	16,431.35	33,246.69	11(i)
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.)	289.93	511.00	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	16,721.28	33,757.69	19
20. Total Federal Receipts (subtract line 18 from line 19) >	16,721.28	33,757.69	20
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i. Federal Share			21(b)
ii. Non-Federal Share			21(c)
b. Other Federal Operating Expenditures			21(d)
c. Total Operating Expenditures (add a i, a ii, and b) >			21
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,500.00	15,000.00	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. Individual/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) >	9,500.00	15,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	9,500.00	15,000.00	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	16,431.35	33,246.69	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,431.35	33,246.69	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 11(a)(1)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William F. Corcoran 388 Bounty Way Avon Lake, OH 44013	Invacare Corporation	Twice Monthly Via Payroll	240.00 (40.00 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Manager - TAG Aggregate Year-to-Date > \$ 480.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald B Blough 30700 Lake Road Bay Village, OH 44140	Invacare Corporation	N/A	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President + COO Aggregate Year-to-Date > \$ 3,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph B. Richey 7325 Stump Hollow Lane Chagrin Falls, OH 44022	Invacare Corporation	5/28/98	5,000.00 (Retribution Requested)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP - TAM Aggregate Year-to-Date > \$ 2,250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis F.J. Skagen 550 Hampshire Road Akron, OH 44313	Invacare Corporation	Twice Monthly Via Payroll	1,250.04 (207.34 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. VP Sales + Marketing Aggregate Year-to-Date > \$ 2,500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maurice L. Tabickman 483 North Street Chagrin Falls, OH 44022	Invacare Corporation	Twice Monthly Via Payroll	900.00 (150.00 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. VP. Respiratory Aggregate Year-to-Date > \$ 1,770.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Buckley 29267 Nottingham Court Westlake, OH 44145	Invacare Corporation	N/A	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. VP - Continuing Care 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
A. Malachi Mixon 2484 Stratford Road Cleveland Hts., OH 44118	Invacare Corporation	N/A	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman + CEO Aggregate Year-to-Date > \$ 5,000.00		

SUBTOTAL of Receipts This Page (optional)

3,390.04

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 11(4) (1)

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**NAME OF COMMITTEE (In Full)**

Invacare Corporation Political Action Committee AKA Invapac

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry E. Steward 2134 Jess Drive Hudson, OH 44236	Invacare Corporation	N/A	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP-Human Resources Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas V. Wiegand 633 Wellesley Circle Avon Lake, OH 44021	Invacare Corporation	N/A	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Controller Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher C. Allard 771 Kenneland Pike Circle Lake Mary, FL 32746	Invacare Corporation	Twice Monthly Via Payroll	80.91 (2093 Once 10.00 Once + 10.00 Four times)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Mgr - TSS/Bds/KLG Aggregate Year-to-Date > \$ 205.89		
D. 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 Road Hunting Valley, OH 44102	Crawford Fitting / Director - Invacare	6/16/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President / Board Member Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank B. Carr 2005 Chestnut Hills Drive Cleveland, OH 44106	Invacare Corporation Board of Directors	6/16/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Board of Directors Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Dmytriw 7439 Lauren J Drive Mentor, OH 44060	Invacare Corporation	Twice Monthly Via Payroll	80.00 80.00 from 4 pay periods
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Operations - Ohio Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Whitney Evans 4460 Grove Street Sonoma, CA 95476	Invacare Corporation Board of Directors	6/16/98	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Board of Directors Aggregate Year-to-Date > \$ 750.00		

**SUBTOTAL** of Receipts This Page (optional)

2,910.91

**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 3  
FOR LINE NUMBER

11(a)(i)

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**NAME OF COMMITTEE (in Full)**

Invacare Corporation Political Action Committee AKA Invapac

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year) Twice Monthly Via Payroll	Amount of Each Receipt this Period (30.00 1st pay period + 18.00 Next 5)
Jerome E. Fox, Jr. 411 Woodridge Circle Berea, OH 44017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Corporate Tax Director Aggregate Year-to-Date > \$ 222.00	4/16/98	120.00
Glenn Holm 695 South Lake Street South Amherst, OH 44001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Environmental Manager Aggregate Year-to-Date > \$ 204.00	6/16/98	168.00
Thomas R. Miklich 16468 Fox Hunt Strongsville, OH 44136 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation CEO Aggregate Year-to-Date > \$ 1,000.00	4/16/98	1,000.00
Raymond Wandell 1217 Limerick Court Hummelstown, PA 17036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation President - Europe Aggregate Year-to-Date > \$ 500.00	6/16/98	500.00
William M. Weber 3000 Roundwood Rd. Chagrin Falls, OH 44022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Roundwood Capital/ Invacare Board of Directors President / Board Member Aggregate Year-to-Date > \$ 1,000.00	4/16/98	1,000.00
David T. Williams 901 Shady lawn Amherst, OH 44001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Director - Government Relations Aggregate Year-to-Date > \$ 420.00	Twice Monthly Via Payroll	240.00 (65.00 ONCE + 35.00 Five Times)
Martin J. Ziemiński 24435 Maria Lane North Dimsted, OH 44070 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Inventory Module Manager Aggregate Year-to-Date > \$ 35.00	5/7/98 4/15/98	250.00 15.00

**SUBTOTAL of Receipts This Page (optional)**

3,293.00

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

13,598.95

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 112 OF 23  
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 collecting 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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Campaign Committee 403 South Capitol Street, SE Washington, D.C. 20003	Ohio-13th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/98	3,000.00
B. Full Name, Mailing Address and ZIP Code Mike Bilirch's For Congress 13501 1st St NW Suite 1010 Washington, D.C. 20005	Florida - 9th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	California-21st Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Friends for Houghton 4451 Brookfield Chantilly, VA 20151-1652	New York-31st Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	500.00
E. Full Name, Mailing Address and ZIP Code Friends of Sherrod Brown 1101 Edgefield Road Elmira, OH 44055	Ohio-13th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Hollister For Congress P.O. Box 232 Chillicothe, OH 45601	Ohio-6th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	500.00
G. Full Name, Mailing Address and ZIP Code Friends of Newt Gingrich P.O. Box 1395 Roswell, GA 30077	Georgia-6th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	1,000.00
H. Full Name, Mailing Address and ZIP Code John D. Dingell For Congress Committee P.O. Box 75214 Washington, D.C. 20013-5214	Michigan-16th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	500.00
I. Full Name, Mailing Address and ZIP Code Friends of John Boehner 7908-1 Cincinnati/Dayton Road Westchester, OH 45069-9963	Ohio - 8th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	500.00

**SUBTOTAL** of Disbursements This Page (optional)

9,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 212  
OF 23  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

Inyicare Corporation Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Taft for Governor Committee 16 E. Broad St., Suite 1214 Columbus, OH 43215	Ohio - Governor Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	2,500.00
Hester for Congress Committee 6344 Cavalier Corridor Falls Church, VA 22044	Illinois - 14th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	500.00
Gephardt in Congress Committee 530 Seventh Street SE Washington, DC 20003	Missouri - 3rd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/98	<1,500.00>
John Ensign for Congress P.O. Box 99407 Las Vegas, NV 89193	Nevada - 1st Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/98	<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)

500.00

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

9,500.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-15-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JEP</i>	7-18-98
PREPARER	DATE PREPARED