

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Invacare Corporation Political Action Committee aka InvaPAC	2. FEC IDENTIFICATION NUMBER 000249896
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 899 Cleveland Street	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE Elyria, Ohio 44035	

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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Jan. 1, 1993</u> through <u>June 30, 1993</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 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 800-424-9530 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. Schwartzer	
Signature of Treasurer 	Date 7/27/93

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

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Invacare Corporation Political Action Committee		FROM: Jan. 1, 1993 TO: June 30, 1993	
aka InvaPAC CO0249896		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.	Identified (use Schedule A)	27,639.02	27,639.02
ii.	Unidentified	5,430.73	5,430.73
iii.	Total (add a i. and ii.)	33,069.75	33,069.75
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a ii, b and c)	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 (add 11d, 12, 13, 14, 15, 16, 17, and 18)	33,368.65	33,368.65
20.	Total Federal Receipts (subtract line 18 from line 19)	33,368.65	33,368.65
B. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures		
c.	Total Operating Expenditures (add a i, a ii, and b)		
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	28,500.00	28,500.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds (add a, b and c)		
29.	Other Disbursements		
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	28,500.00	28,500.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30)	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 (add 21 a i and 21 b)	0	0
36.	Offsets to Operating Expenditures (from line 15)	0	0
37.	Net Operating Expenditures (subtract line 36 from 35)	0	0

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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
Sue-Lan C. Ma 2330 Pebblebrook Westlake, OH 44145	Invacare Corporation	Twice Monthly Payroll Deduction	\$500.04 (\$41.67 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Elyria Operations	Aggregate Year-to-Date: > \$ 500.04	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Sayers II 7334 Anbonwood Hudson, OH 44236	Invacare Corporation	Twice Monthly Payroll Deduction	\$900.00 (\$75 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Human Resources	Aggregate Year-to-Date: > \$ 900.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan D. Waincott 32388 Stoney Brook Avon Lake, OH 44012	Invacare Corporation	Twice Monthly Payroll Deduction	\$385.00 (\$42 per pay period to 3/15)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Homecare Engineering	Aggregate Year-to-Date: > \$ 385.00	
D. 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 44012	Invacare Corporation	3/29/93	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Div. Controller-Homecare	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
Gerald B. Blouch 3389 Arbor Way Westlake, OH 44145	Invacare Corporation	3/14/93 3/20/93	\$1,200.00 \$ 600.00 (\$50 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CFO-V.P., G.M. Homecare	Aggregate Year-to-Date: > \$ 1,800.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent R. Kluth 905 Laurel Glens Medina, OH 44256	Invacare Corporation	Twice Monthly Payroll Deduction	\$1,115.00 (\$90 per pay period, \$95 off 3/31)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Systems	Aggregate Year-to-Date: > \$ 1,115.00	
G. 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 Ct. Westlake, OH 44145	Invacare Corporation	3/24/93	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Distribution Services	Aggregate Year-to-Date: > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	\$ 4,550.04
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee aka InvaPAC COD249896

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. Hunting Valley, OH 44022		3/16/93	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol A. Hanlon 6544 Debbie Dr. N. Ridgeville, OH 44039	Invacare Corporation	3/26/93	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr. Compensation	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
A. Malachi Mixon III 2484 Stratford Rd. Cleveland Hts, OH 44118	Invacare Corporation	3/16/93	\$5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres./CEO	Aggregate Year-to-Date > \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theodore D. Wakefield II 5626 Huron St. Vermilion, OH 44089	Invacare Corporation	Twice Monthly Payroll Deduction	\$ 100.00 (\$50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P.-Elec. Engineering	Aggregate Year-to-Date > \$ 100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maurice L. Tobickman 483 North St. Chagrin Falls, OH 44022	Invacare Canada	Twice Monthly Payroll Deduction	\$ 600.00 (\$100 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation V.P. & Gen. Mgr.	Aggregate Year-to-Date > \$ 600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Klaus Carstens 154 E. Trenton Ave. Fresno, CA 93720	Action Tech. Fresno	Twice Monthly Payroll Deduction	\$ 288.00 (\$24 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Operations	Aggregate Year-to-Date > \$ 288.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Sullivan 707 Lincoln St. Amherst, OH 44001	Invacare Corporation	Twice Monthly Payroll Deduction	\$ 240.00 (\$20 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Marketing	Aggregate Year-to-Date > \$ 240.00	

SUBTOTAL of Receipts This Page (optional)

\$7,728.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 7
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee aka InvaPAC 000249896

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Florian Kele 336 Walmar Drive Bay Village, OH 44140</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Invacare Corporation</p> <p>Occupation Director-Mgmt. Development & Comp.</p> <p>Aggregate Year-to-Date > \$ 199.98</p>	<p>Date (month, day, year) Twice Monthly Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$ 199.98 (\$33.33 per pay period)</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>William F. Corcoran 388 Bounty Way Avon Lake, OH 44012</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Invacare Corporation</p> <p>Occupation Corp. V.P. Customer/Financial Services</p> <p>Aggregate Year-to-Date > \$ 245.00</p>	<p>Date (month, day, year) Twice Monthly Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$ 245.00 (\$35 per pay period)</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Jim R. Salmon 1514 E. Utah Fresno, CA 93720</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Action Technology</p> <p>Occupation Engineer</p> <p>Aggregate Year-to-Date > \$ 150.00</p>	<p>Date (month, day, year) Twice Monthly Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$ 150.00 (\$25.00 per pay period)</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>James R. Thaler 724 Washington Avenue Elyria, Ohio 44035</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Invacare Corporation</p> <p>Occupation V.P.-Corporate Services</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 4/27/93</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Michael Parsons 11000 Deer Run Drive Grafton, OH 44044</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Invacare Corporation</p> <p>Occupation V.P.-Sales</p> <p>Aggregate Year-to-Date > \$ 1,500.00</p>	<p>Date (month, day, year) 4/19/93</p>	<p>Amount of Each Receipt this Period \$1,500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Christopher Allard 1731 Markham Glen Circle Longwood, FL 32779</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Mobilite Corp.</p> <p>Occupation Operations</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) Twice Monthly Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$ 300.00 (\$25.00 per pay period)</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Michael Perry 6401 Rock West Court Arlington, TX 76016</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Invacare Corporation</p> <p>Occupation Sales Rep. - Texas</p> <p>Aggregate Year-to-Date > \$ 205.00</p>	<p>Date (month, day, year) Twice Monthly Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$ 205.00 (\$20.00 per pay period 3/15 to 3/15)</p>

<p>SUBTOTAL of Receipts This Page (optional):</p>	<p>\$3,599.98</p>
<p>TOTAL This Period (last page this line number only):</p>	<p></p>

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee aka InvacPAC C00249896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lou Hyster 703 Oak Hurst Amherst, OH 44001	Invacare Corporation	Twice Monthly Payroll	\$ 80.00 (\$20.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Director of Mfg. - Taylor	Sl. Ded.	Aggregate Year-to-Date > \$ 80.00
B. Full Name, Mailing Address and ZIP Code David I. Williams 401 Shadylawn Amherst, OH 44001	Invacare Corporation	Twice Monthly Payroll	\$ 147.00 (\$21.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corp. Director- Communications/Relations	Deduction	Aggregate Year-to-Date > \$ 147.00
C. Full Name, Mailing Address and ZIP Code James Ankoviak 31193 Muirfield Way Westlake, OH 44145	Invacare Corporation	Twice Monthly Payroll	\$ 192.00 (\$17.00 per pay period) \$15.00 per pay period to 3/3
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Plant Mgr. - Taylor St.	Payroll Ded.	Aggregate Year-to-Date > \$ 192.00
D. Full Name, Mailing Address and ZIP Code Carrie Messer P.O. Box 274 Spencer, OH 44275	Invacare Corporation	Twice Monthly Payroll	\$ 150.00 (\$50.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Distribution Mgr. Taylor St.	Deduction	Aggregate Year-to-Date > \$ 150.00
E. Full Name, Mailing Address and ZIP Code Dale G. LaPorte 1345 Timberlea Westlake, OH 44145	Name of Employer Calfee, Halter & Griswold	Date (month, day, year) 5/6/93	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$1,000.00	
F. Full Name, Mailing Address and ZIP Code Whitney Evans 4480 Green St. Sonoma, CA 95476	Name of Employer Invacare Corp.	Date (month, day, year) 5/3/93	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code William M. Weber 3200 Roundwood Chagrin Falls, OH 44022	Name of Employer Invacare Corp.	Date (month, day, year) 4/29/93	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	\$2,569.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets 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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hymie H. Fogir 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 Asbury 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. Haury 18815 Avon Belden 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 Courtland 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 B. Carr 13705 Shaker Blvd., 8-A Cleveland, OH 44114	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 This Page (optional)	\$5,300.00
TOTAL This Period (last page this line number only)	

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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
Louis F.J. Slangen 550 Hampshire Rd. Akron, OH 44313	Invacare Corporation	4/3/93	\$2,000.00
Receipt For: <input checked="" 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. Hunting 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
Martin J. Ziemianski 24435 Maria Ln. North Olmsted, OH 44070	Invacare Corporation	4/2/93	\$200.00
Receipt For: <input type="checkbox"/> Primary <input 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. Mayher 6310 Queens Way Brecksville, 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 Curtan 1270 Bunts 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 V.P.-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
Otmar Weber 10807 Sheldon Woods Way Elk Grove, CA 95624	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 Burning 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 (optional) \$3,392.00

TOTAL This Period (last page this line number only)

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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 CD0249896

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		5/21/93	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 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 (apronly)	\$ 300.00
TOTAL This Period (last page this line number only)	\$27,639.02

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NAME OF COMMITTEE (in Full)
Invacore Corporation Political Action Committee aka InvaPAC CD0249896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Kent Conrad 245 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 Margolies Mezvinsky for 115 8th Street SE Congress Washington, D.C. 20003	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 Moynihan 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 219 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 Hatch Reelection Committee 425 Second St. NE 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 Gephardt in Congress Committee 507 Capitol Ct. NE 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	\$5,000.00
I. Full Name, Mailing Address and ZIP Code Hobson for Congress Committee 333 N. Limestone St. Springfield, OH 45503	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)	\$10,500.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee aka InvaPAC C00249896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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. 20026-4665	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 Edgefield Wlyria, Ohio 44035	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 Kreuger 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 73154	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. 20044	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 Lot of People Supporting Tom Daschle P.O. Box 15155 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 Hatch Election Committee 257 East 200 South, Suite 950 Salt Lake City, UT 84111	Purpose of Disbursement Fundraising dinner 6/22/93 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 (optional) \$ 18,000.00

TOTAL This Period (last page this line number only) \$28,000.00

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**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 7/28/93
<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
D.A.Q.	7/31/93
PREPARER	DATE PREPARED

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