



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

(revised 1/1/91)

NAME OF COMMITTEE Invacare Corporation Political Action Committee		REPORT COVERING PERIOD FROM Jan. 1, 1997 TO June 30, 1997	
<b>I Receipts</b>		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		26,239.80	26,239.80
ii. Unitemized		6,064.86	6,064.86
iii. Total (add i and ii) >		32,304.66	32,304.66
b. Political Party Committees			
c. Other Political Committees (such as PACs)		32,304.66	32,304.66
d. Total Contributions (add a ii, b and c) >			
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.)		321.07	321.07
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		32,625.73	32,625.73
20. Total Federal Receipts (subtract line 18 from line 19) >			
<b>II Disbursements</b>			
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		21,500.	21,500.
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) >		21,500.	21,500.
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		21,500.	21,500.
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		32,304.66	32,304.66
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)		32,304.66	32,304.66
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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4  
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald P. Andersen 3255 Smokey Ridge Way Carmel, IN 46032	Invacare Corporation	Twice Monthly via Payroll	600 (50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - Respiratory		Aggregate Year-to-Date > \$ 600
William F. Corcoran 388 Bounty Way Avon Lake, Ohio 44012	Invacare Corporation	Twice Monthly via Payroll	480 (40 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Unit Leader		Aggregate Year-to-Date > \$ 480
Charles K. Schwartz 3 Anna Drive Budd Lake, NJ 07828	Allied Health Care Services, Inc.	5/6/97	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OPERATIONS MANAGER		Aggregate Year-to-Date > \$ 500
David T. Williams 901 Shadylawn Amherst, Ohio 44001	Invacare Corporation	Twice monthly via payroll	330 (30 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Communic.		Aggregate Year-to-Date > \$ 330
Curt Lampe 799 Three Fox Lane West Chester, PA 19380	Invacare Corporation	3/20/97	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Manager		Aggregate Year-to-Date > \$ 200
Maurice L. Tabickman 483 North Street Chagrin Falls, Ohio 44022	Invacare Corporation	Twice monthly via payroll	1680 (145 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - Rehab		Aggregate Year-to-Date > \$ 1,680
Elwood E. Dail P.O. Box 62 Milan, Ohio 44846	Invacare Corporation	3/23/97	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir - Corp. Purchasing		Aggregate Year-to-Date > \$ 500

SUBTOTAL of Receipts This Page (optional)

4,290.

TOTAL This Period (last page this line number only)

N/A

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 4  
FOR LINE NUMBER 11(a)(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
Christopher C. Allard 771 Kenneland Pike Circle Lake Mary, FL 32746	Invacare Corporation	Twice monthly via payroll	249.96 (30.83 per pay period)
Receipt For: <input 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
Carrie A. Gillespie 7009 Kingscote Park Independence, OH 44131	Invacare Corporation	3/27/97	200.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Purchasing Manager	Aggregate Year-to-Date > \$ 200	
C. 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 Boulevard Shaker Heights, OH 44122	Invacare Corporation	Twice monthly via payroll	1,249.98 (208.33 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP - TQM	Aggregate Year-to-Date > \$ 1,249.98	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William M. Weber 3200 Roundwood Road Chagrin Falls, OH 44022	Roundwood Capital Invacare Board Member	3/12/97	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/Invacare Bd.	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Thaler 724 Washington Avenue Elyria, OH 44035	Invacare Corporation	5/7/97	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - Corporate Services	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Whitney Evans 4480 Grove Street Sonoma, CA 95476	Invacare Board of Directors	3/17/97	700.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Bd of Directors	Aggregate Year-to-Date > \$ 700	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald B. Campopiano 6961 Cherbourg Gardens Mississauga, Ontario L5N1M9	Invacare Canada	4/8/97	500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & GM	Aggregate Year-to-Date > \$ 500	

**SUBTOTAL** of Receipts This Page (optional) ..... 4,899.94

**TOTAL** This Period (last page this line number only) ..... N/A

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 4  
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Lee Bowen 4783 Tiedeman Road Brooklyn, OH 44144	Invacare Corporation	3/19/97	300.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Unit Mgr.	Aggregate Year-to-Date > \$ 300	
B. 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 44022	Crawford Fittings Director - Invacare	4/17/97	1,000
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	
C. 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, Ohio 44012	Invacare Corporation	3/14/97	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Controller	Aggregate Year-to-Date > \$ 500	
D. 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 Heights, OH 44106	Invacare Corporation	3/16/97	1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. Employee Relations	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald B. Blouch 5970 Great Northern Blvd #D1 North Olmsted, OH 44070	Invacare Corporation	3/12/97	2,900 - 900 (50 per pay Jan-Mar; 100 per pay Apr-June)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO	Aggregate Year-to-Date > \$ 3,800	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florian Kete 336 Walmar Drive Bay Village, Ohio 44140	Invacare Corporation	Twice Monthly Via Payroll	224.92 (20.83 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. Mgt. Development	Aggregate Year-to-Date > \$ 224.92	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theodore D. Wakefield, III 5626 Huron Street Vermillion, OH 44089	Invacare Corporation	6/30/97	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - Electronics	Aggregate Year-to-Date > \$ 300	

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

7124.92

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

N/A

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 4  
FOR LINE NUMBER 11 (a) (i)

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Invacare Corporation Political Action Committee AKA Invapac

A. Full Name, Mailing Address and ZIP Code James M. Ankoviak 3732 Greenbriar Circle Westlake, Ohio 44145	Name of Employer Invacare Corporation  Occupation Director of Operations Aggregate Year-to-Date > \$ 200	Date (month, day, year) Twice monthly via payroll	Amount of Each Receipt this Period 200 (20 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Thomas J. Buckley 29267 Nottingham Ct. Westlake, Ohio 44145	Name of Employer Invacare Corporation  Occupation VP- Std. Products Aggregate Year-to-Date > \$ 2000	Date (month, day, year) 3-15-97	Amount of Each Receipt this Period 2,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code A. Malachi Nixon, III 2484 Stratford Rd. Cleveland Hts., Ohio 44118	Name of Employer Invacare Corporation  Occupation President & CEO Chairman Aggregate Year-to-Date > \$ 5000	Date (month, day, year) 3-7-97	Amount of Each Receipt this Period 5,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Kelly D. Wolf 12215 Asbury Park Drive Roswell, GA 30075	Name of Employer Invacare Corporation  Occupation Area VP of Sales Aggregate Year-to-Date > \$ 224.92	Date (month, day, year) Twice monthly via payroll	Amount of Each Receipt this Period 224.92 (20.83 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Louis F.J. Slangen 550 Hampshire Rd. Akron, Ohio 44313	Name of Employer Invacare Corporation  Occupation VP- Sales/Mktg. Aggregate Year-to-Date > \$ 2,500.02	Date (month, day, year) twice monthly	Amount of Each Receipt this Period 2,500.02 (208.34 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
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):			
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):			

SUBTOTAL of Receipts This Page (optional) ..... 7,424.92

TOTAL This Period (last page this line number only) ..... 26,239.80

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 23

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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
DeWine for U.S. Senate P.O. Box 340188 Columbus, Ohio 43234-0188	R-Ohio-Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-15-97	2,500
B. Full Name, Mailing Address and ZIP Code John Breaux Senate Committee P.O. Box 3526	Louisiana-Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-20-97	1,000
C. Full Name, Mailing Address and ZIP Code Bliley for Congress P.O. Box 17095 Richmond, VA 23226	VA-7th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-97	1,000
D. Full Name, Mailing Address and ZIP Code Norwood for Congress P.O. box 499 Evans, GA 30809	GA-10th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-97	500
E. Full Name, Mailing Address and ZIP Code Jeffords for Vermont P.O. Box 246 Montpelier, VT 05601	Vermont-Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-97	500
F. Full Name, Mailing Address and ZIP Code Friends of Bob Graham P.O. Box 391 Tallahassee, FL 32301	Florida-Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-97	1,000
G. Full Name, Mailing Address and ZIP Code Hobson for Congress 82 West Columbia Street Springfield, Ohio 45502	Ohio-7th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-97	1,000
H. Full Name, Mailing Address and ZIP Code Citizens for Kasich P.O. Box 10274 Alexandria, VA 22310	Ohio-12th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-97	1,000
I. Full Name, Mailing Address and ZIP Code La Tourette for Congress 7200 Center Street Room 102 Mentor, Ohio 44060	Ohio-19th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-97	500

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

9,000

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

N/A

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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PAGE 2 OF 3  
FOR LINE NUMBER 23

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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
Friends of Sherrad Brown 1101 Edgefield Elyria, Ohio 44035	OH-13th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-23-97	2,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ward for Congress 1250 Bardstown Rd. Louisville, KY 40204	KY-3rd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-96	(1,000)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rangel for the 106th Congress Comm. P.O. Box 5577, Manhattanville Sta. 365 W. 125th St. NY, NY 10027	NY- 15th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-30-97	1,000
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Oliver for Lieutenant Governor 150 E. Ponce de Leon Ste 400 Decatur, GA 30030	King & Spaulding Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-30-97	1,000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Kerry for U.S. Senate 2000 3412 P Street NW Washington, DC 20007	Nebraska-Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-30-97	500
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hobson for Congress Committee 82 W. Columbia St. Springfield, OH 45502	OH-7th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-30-97	1,000
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Boyle for Denate Committee P.O. Box 6328 Cleveland, OH 44101-1328	Ohio-Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-30-97	500
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gephardt in Congress Committee 530 Seventh Street SE Washington, DC 20003	MO-3rd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-30-97	1,500
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Ensign for Congress P.O. Box 98407 Las Vegas, NV 89193	NV-1st Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-30-97	1,000

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

7,500

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

N/A



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**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
Capitol Committee 9115 Westerholme Way Vienna, VA 22182-2144	Utah-Sen. Orin Hatch Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-30-97	1,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Johnson for Congress P.O. Box 1986 New Britain, CT 06050	CT, 6th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-97	500
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Kent Conrad P.O. Box 812 Bismark, ND 58502	ND-Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-20-97	2,000
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A Lot of People Supporting Tom Daschle 424 C Street NE 1st Floor Washington, DC 20002	SD- Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-30-97	2,000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barbara Mikulski for Senate 711 W. 40th Str Ste. 460 Baltimore, MD 21211	MD- Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-30-97	500
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Furse for Congress P.O. Box 1688 Hillsboro, OR 97123	Or- 1st Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-96	(1,000)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

5,000

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

21,500

