

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼  **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Jerome E Fox Jr. [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="11260.76"/>	<input type="text" value="11260.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11260.76"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10264.84"/>	<input type="text" value="10264.84"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="21525.60"/>	<input type="text" value="21525.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14916.60"/>	<input type="text" value="14916.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6609.00"/>	<input type="text" value="6609.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6185.96	6185.96
(ii) Unitemized .....	4078.88	4078.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10264.84	10264.84
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10264.84	10264.84
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10264.84	10264.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10264.84	10264.84

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	14000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	916.60	916.60
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14916.60	14916.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14916.60	14916.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10264.84	10264.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10264.84	10264.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 INVA PAC**

**A. Cara Bachenheimer**  
Full Name (Last, First, Middle Initial)

Mailing Address 9323 Old Mansion Road

City Alexandria State VA Zip Code 22309

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Sr. VP Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : SA11AI.9038**

Amount of Each Receipt this Period **999.96**

Biweekly PR ded \$83.33 start 01/15/15

**B. William Corcoran**  
Full Name (Last, First, Middle Initial)

Mailing Address 572 Masters Lane

City Avon Lake State OH Zip Code 44012

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation VP Treasury

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 04 / 2015**

**Transaction ID : SA11AI.9115**

Amount of Each Receipt this Period **250.00**

Check contribution received

**C. John Domanick**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Franklin Lake Circle

City Oxford State MI Zip Code 48371

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Territory Business Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **235.36**

Date of Receipt **04 / 30 / 2015**

**Transaction ID : SA11AI.9042**

Amount of Each Receipt this Period **235.36**

Biweekly PR ded \$29.42 start 01/15/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1485.32</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC**

**A. Robert Gudbranson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2521 Fairmount

City Cleveland State OH Zip Code 44106

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2015  
**Transaction ID : SA11AI.9050**

Amount of Each Receipt this Period 1666.64

Biweekly PR ded \$208.33 start 01/15/15

**B. Mark Kline**  
Full Name (Last, First, Middle Initial)

Mailing Address 4488 Regal Circle

City Akron State OH Zip Code 44321

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Director Retail Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.9054**

Amount of Each Receipt this Period 600.00

Biweekly PR ded \$50 start 01/15/15

**C. Jill Kolczynski**  
Full Name (Last, First, Middle Initial)

Mailing Address 805 Horseshoe Way

City Avon Lake State OH Zip Code 44012

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Product Development Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.9124**

Amount of Each Receipt this Period 100.00

Biweekly PR ded \$25 start 05/15/15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2366.64

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC**

**A. A. Malachi Mixon III**  
Full Name (Last, First, Middle Initial)

Mailing Address 3105 Topping Lane

City State Zip Code  
Hunting Valley OH 44022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Invacare Corporation Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : SA11AI.9130**

Amount of Each Receipt this Period  
1000.00

Check contribution received

**B. John Remmers**  
Full Name (Last, First, Middle Initial)

Mailing Address 349 Aurora Street

City State Zip Code  
Hudson OH 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Invacare Corporation Sr. VP Supply Chain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : SA11AI.9062**

Amount of Each Receipt this Period  
400.00

Biweekly PR ded \$50 start 01/15/15

**C. Frank Roche**  
Full Name (Last, First, Middle Initial)

Mailing Address 16414 St. Anthony Lane

City State Zip Code  
Cleveland OH 44111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Invacare Corporation VP National Sales Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SA11AI.9142**

Amount of Each Receipt this Period  
50.00

Biweekly PR ded \$25 starting 06/15/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC**

**A. Richard Sawyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 550 Oak Knob

City Wimberley State TX Zip Code 78676

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Territory Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2015  
**Transaction ID : SA11AI.9111**

Amount of Each Receipt this Period  
 300.00

Check contribution received

**B. Gretchen Schuler**  
Full Name (Last, First, Middle Initial)

Mailing Address 28710 Berkshire Drive

City North Olmsted State OH Zip Code 44070

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Director of Litigation Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.9064**

Amount of Each Receipt this Period  
 504.00

Biweekly PR ded \$42 start 01/15/15

**C. Kimberly Wilhelm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2010 Gulf Road

City Elyria State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Sales & Service Manager - TAG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.9127**

Amount of Each Receipt this Period  
 80.00

Biweekly PR ded \$20 start 05/15/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	884.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6185.96

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF GLENN THOMPSON**

Mailing Address PO BOX 1112

City STATE COLLEGE State PA Zip Code 16804

Purpose of Disbursement Fundraising event of May 21

011

Candidate Name

**GLENN THOMPSON**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 05

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : SB23.9101

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF PAT TOOMEY**

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Fundraising event of May 21

011

Candidate Name

**PATRICK JOSEPH TOOMEY**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : SB23.9094

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JIM RENACCI FOR CONGRESS**

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement Fundraising event of 02/23/15

011

Candidate Name

**JAMES B RENACCI**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2015

Transaction ID : SB23.9071

Amount of Each Disbursement this Period

2500.00

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

4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHNSON FOR CONGRESS**

Mailing Address PO BOX 906

City MARIETTA State OH Zip Code 45750

Purpose of Disbursement  
Fundraising event of May 19

011

Category/  
Type

Candidate Name

**BILL JOHNSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	4		2	0	1	5		

**Transaction ID : SB23.9100**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. JOHNSON FOR CONGRESS**

Mailing Address PO BOX 906

City MARIETTA State OH Zip Code 45750

Purpose of Disbursement  
Fundraising event of June 30

011

Category/  
Type

Candidate Name

**BILL JOHNSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	9		2	0	1	5		

**Transaction ID : SB23.9152**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 South 5th Ave  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

Category/  
Type

Candidate Name

**RONALD JAMES KIND**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	6		2	0	1	5		

**Transaction ID : SB23.9072**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

3	2	5	0	.	0	0
---	---	---	---	---	---	---

3	2	5	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC**

Full Name (Last, First, Middle Initial)

**A. LARSON FOR CONGRESS**

Mailing Address PO BOX 479

City State Zip Code  
GLASTONBURY CT 06033

Purpose of Disbursement  
Fundraising event of May 5

011

Candidate Name

**JOHN B LARSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

Transaction ID : SB23.9086

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. LOEBSACK FOR CONGRESS**

Mailing Address PO BOX 3013

City State Zip Code  
IOWA CITY IA 52244

Purpose of Disbursement  
Fundraising event of May 20

011

Candidate Name

**DAVID WAYNE LOEBSACK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2015

Transaction ID : SB23.9105

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. PIONEER POLITICAL ACTION COMMITTEE**

Mailing Address 412 First Street S.E.  
Suite 100

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Fundraising event of February 24

011

Candidate Name

**PIONEER POLITICAL ACTION COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : SB23.9077

Amount of Each Disbursement this Period

5000.00

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

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

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC**

Full Name (Last, First, Middle Initial)

**A. TAMMY FOR ILLINOIS**

Mailing Address PO BOX 59348

City SCHAUMBURG State IL Zip Code 60159

Purpose of Disbursement  
Fundraising event of June 27

011

Candidate Name

**L. TAMMY DUCKWORTH**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2015

Transaction ID : SB23.9134

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. THE BILL KEATING COMMITTEE**

Mailing Address P.O. BOX 3065

City BUZZARDS BAY State MA Zip Code 02532

Purpose of Disbursement  
Fundraising event of May 20

011

Candidate Name

**WILLIAM RICHARD KEATING**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2015

Transaction ID : SB23.9087

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

750.00

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

14000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address 1900 East Ninth Street

City Cleveland State OH Zip Code 44114

Purpose of Disbursement  
Corporate Account Analysis Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 27 / 2015

Transaction ID : SB29.9075

Amount of Each Disbursement this Period

123.66

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address 1900 East Ninth Street

City Cleveland State OH Zip Code 44114

Purpose of Disbursement  
Corporate Account Analysis Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB29.9076

Amount of Each Disbursement this Period

153.76

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address 1900 East Ninth Street

City Cleveland State OH Zip Code 44114

Purpose of Disbursement  
Corporate Account Analysis Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

Transaction ID : SB29.9106

Amount of Each Disbursement this Period

185.37

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

462.79

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address 1900 East Ninth Street

City Cleveland State OH Zip Code 44114

Purpose of Disbursement  
Corporate Account Analysis Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

Transaction ID : SB29.9107

Amount of Each Disbursement this Period

125.45

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address 1900 East Ninth Street

City Cleveland State OH Zip Code 44114

Purpose of Disbursement  
Corporate Acct Analysis Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SB29.9156

Amount of Each Disbursement this Period

216.91

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

342.36

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

805.15