| Image# 201507089000064252 | Image# | 201507 | 089000 | 064252 |
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07/08/2015 09 : 53

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| FEC<br>FORM 3X  | AND DI                        | T OF RECE<br>SBURSEM       | ENTS                             | Office U                       | se Only  |  |  |
|---|-------------------------------|----------------------------|----------------------------------|--------------------------------|--|--|--|
| 1. NAME OF<br>COMMITTEE (in full)   | TYPE OR PRIN                  |                            | le: If typing, type<br>le lines. | 12FE4M5                        |  |  |  |
| . ,   |                               |                            |                                  |                                |  |  |  |
|   |                               |                            |                                  |                                |  |  |  |
| ADDRESS (number and str   | reet)                         | REWAY                      |                                  |                                |  |  |  |
| Check if differen<br>than previously<br>reported. (ACC)   | t ELYRIA                      |                            |                                  | OH 4403                        | 5<br>  |  |  |
| 2. FEC IDENTIFICATI   | ON NUMBER 🔻                   | CITY 🔺                     | S                                |                                | ZIP CODE   |  |  |
| C C00249896   |                               | 3. IS THIS<br>REPORT       | × NEW (N) OR                     | AMENDED<br>(A)                 |  |  |  |
| <ul> <li><b>4. TYPE OF REPOF</b><br/>(Choose One)</li> <li>(a) Quarterly Reports</li> </ul>   | Report<br>Due On:             | Feb 20 (M2)<br>Mar 20 (M3) | May 20 (M5)                      | Aug 20 (M8)<br>Sep 20 (M9)     | Nov 20 (M11)<br>(Non-Election<br>Year Only)<br>Dec 20 (M12)<br>(Non-Election<br>Year Only) |  |  |
| April 15<br>Quarterly Re  | eport (Q1)                    | Apr 20 (M4)                | Jul 20 (M7)                      | Oct 20 (M10)                   | Jan 31 (YE)  |  |  |
| July 15<br>Quarterly Re<br>October 15<br>Quarterly Re   | eport (Q2) Rep                | E-Election                 | mary (12P)                       | General (12G)<br>Special (12S) | Runoff (12R)   |  |  |
| January 31<br>Year-End Re   |                               | Election on                | M M / D D /                      | Y Y Y Y Y                      | in the State of  |  |  |
| X July 31 Mid-<br>Report (Non<br>Year Only) (   | -election (u) Sola<br>MY) PO: | · ·                        | eneral (30G)                     | Runoff (30R)                   | Special (30S)  |  |  |
| Termination<br>(TER)  |                               | Election on                | M = M / D = D /                  | Y = Y = Y = Y                  | in the State of  |  |  |
| 5. Covering Period  | 01 / D D / O1                 | 2015                       | through 06                       | / D D / Y Y<br>30 20           | 15   |  |  |
| I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.<br>Type or Print Name of Treasurer Jerome E Fox Jr. |                               |                            |                                  |                                |  |  |  |
| Signature of Treasurer  | Jerome E Fox Jr.              | [El                        | ectronically Filed]              | ate 07 / 08                    | D / Y Y Y Y<br>2015  |  |  |
| NOTE: Submission of false   | , erroneous, or incompl       | ete information may subje  | ct the person signing th         | is Report to the penalti       | es of 2 U.S.C. §437g.  |  |  |
| Office<br>Use<br>Only   |                               |                            |                                  |                                | <b>FORM 3X</b><br>Rev. 12/2004   |  |  |

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

### INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

| R   | Report Covering the Period: From:  | 1 01 / Y Y Y Y<br>2015 To | b: 06 / D = D / Y = Y = Y = Y<br>2015 |
|-----|--|---------------------------|---------------------------------------|
|     |  | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date     |
| 6.  | (a) Cash on Hand<br>January 1, 2015  |                           | 11260.76                              |
|     | (b) Cash on Hand at<br>Beginning of Reporting Period   | 11260.76                  |                                       |
|     | (c) Total Receipts (from Line 19)  | 10264.84                  | 10264.84                              |
|     | <ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul> | 21525.60                  | 21525.60                              |
| 7.  | Total Disbursements (from Line 31)   | 14916.60                  | 14916.60                              |
| 8.  | Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d))   | 6609.00                   | 6609.00                               |
| 9.  | Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                         | 0.00                      |                                       |
| 10. | Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                         | 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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

| R   | eport Covering the Period: From:           | / D D / Y Y Y Y<br>01 2015              | To: 06 / 0 / 2015                 |
|-----|--|---|-----------------------------------|
|     | I. Receipts                                | COLUMN A<br>Total This Period           | COLUMN B<br>Calendar Year-to-Date |
| 11. | Contributions (other than loans) From:     |   |                                   |
|     | (a) Individuals/Persons Other              |   |                                   |
|     | Than Political Committees                  | 6185.96                                 | 6185.96                           |
|     | (i) Itemized (use Schedule A)              | 1 | 7 7 7                             |
|     | (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                              |
|     | Offsets To Operating Expenditures          |   | 7 7 7                             |
| 10. | (Refunds, Rebates, etc.)                   |   |                                   |
|     | (Carry Totals to Line 37, page 5)          | 0.00                                    | 0.00                              |
| 16  | Refunds of Contributions Made              | /7                                      |                                   |
| 10. | to Federal Candidates and Other            |   |                                   |
|     | Political Committees                       | 0.00                                    | 0.00                              |
| 17  | Other Federal Receipts                     | 7 7 7                                   | /7 /7 //*                         |
|     | (Dividends, Interest, etc.)                | 0.00                                    | 0.00                              |
| 18  | Transfers from Non-Federal and Levin Funds |   |                                   |
| 10. | (a) Non-Federal Account                    |   |                                   |
|     | (from Schedule H3)                         | 0.00                                    | 0.00                              |
|     |  | 7 7 7                                   | 7 7 7 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                              |
| 10  |  |   |                                   |
| 19. | Total Receipts (add Lines 11(d),           | 40004.04                                | 10264.94                          |
|     | 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                          |
|     |  |   |                                   |

I

## DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 02/2003)   | of Disbursements              | Page 4                            |
|--|-------------------------------|-----------------------------------|
| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| . Operating Expenditures:<br>(a) Allocated Federal/Non-Federal<br>Activity (from Schedule H4)                |                               | Calendar fear-to-Date             |
| (i) Federal Share  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share   | 0.00                          | 0.00                              |
| (b) Other Federal Operating<br>Expenditures  | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii), and (b))▶  | 0.00                          | 0.00                              |
| Transfers to Affiliated/Other Party  |                               |                                   |
| Committees<br>Contributions to<br>Federal Candidates/Committees  | 0.00                          | 0.00                              |
| and Other Political Committees   | 14000.00                      | 14000.00                          |
| (use Schedule E)<br>Coordinated Party Expenditures   | 0.00                          | 0.00                              |
| (2 U.S.C. §441a(d))<br>(use Schedule F)  | 0.00                          | 0.00                              |
| Loan Repayments Made   | 0.00                          | 0.00                              |
| Loans Made   | 0.00                          | 0.00                              |
| Refunds of Contributions To:<br>(a) Individuals/Persons Other<br>Than Political Committees                   | 0.00                          | 0.00                              |
|  |                               |                                   |
| <ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>                      | 0.00                          | 0.00                              |
| (such as PACs)   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds   | 0.00                          | 0.00                              |
| (add Lines 28(a), (b), and (c))►   |                               |                                   |
| Other Disbursements  | 916.60                        | 916.60                            |
| Federal Election Activity (2 U.S.C. §431(20))<br>(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<br>With Federal Funds  | 0.00                          | 0.00                              |
| <ul> <li>(c) Total Federal Election Activity (add</li> <li>Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶</li> </ul> | 0.00                          | 0.00                              |
| Total Disbursements (add Lines 21(c), 22,  |                               |                                   |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).  | 14916.60                      | 14916.60                          |
| Total Federal Disbursements  |                               |                                   |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)  | 14916.60                      | 14916.60                          |
|  |                               |                                   |

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L

## DETAILED SUMMARY PAGE

of Disbursements

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

#### Image# 201507089000064257

| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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|           | EMIZED RECEIPTS   |                           | for each catego<br>Detailed Summa   |  | X         | 11a<br>13    |        | 11b<br>14 | 11c        | 12        | 17   |
|-----------|---|---------------------------|-------------------------------------|--|-----------|--------------|--------|-----------|------------|-----------|------|
|           | y information copied from such Reports and SI for commercial purposes, other than using the           |                           |                                     |  |           |              |        |           |            |           |      |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>INVACARE CORPORATION PC  | DLITICAL                  | ACTION CO                           | OMMITTEE                               | E AK      | (A IN        | 1VA    | A PA      | С          |           |      |
| Α.        | Full Name (Last, First, Middle Initial)<br>Cara Bachenheimer<br>Mailing Address 9323 Old Mansion Road | State                     | Zip Code                            |  |           | м м<br>06    | /      | 30        |            | 2015      | Y    |
|           | Alexandria  | VA                        | 22309                               |  |           |              |        | -         | -          |           |      |
|           | FEC ID number of contributing federal political committee.  | C                         |                                     |  |           |              |        | 7         |            | 999       | 9.96 |
|           | Name of Employer<br>Invacare Corporation<br>Receipt For:<br>Primary General<br>Other (specify)        |                           | ernment Relations<br>Year-to-Date ▼ | 999.96                                 | — Bi<br>— | weekl        | y PR   | ded \$    | 83.33 staı | t 01/15/1 | 5    |
| в.        | Full Name (Last, First, Middle Initial)<br>William Corcoran<br>Mailing Address 572 Masters Lane       |                           |                                     | Date o                                 | f Re      | · ·          |        |           |            |           |      |
|           | City<br>Avon Lake<br>FEC ID number of contributing<br>federal political committee.                    | State<br>OH               | Zip Code<br>44012                   |  |           | AKA INVA PAC |        |           |            |           |      |
|           | Name of Employer<br>Invacare Corporation  | Occupation<br>VP Treasury | y                                   |  | - Cł      | neck c       | ontril | bution    | received   |           |      |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼                      | 250.00                                 |           |              |        |           |            |           |      |
| C.        | Full Name (Last, First, Middle Initial)<br>John Domanick  |                           |                                     |  |           | Date o       | f Re   | · ·       |            |           |      |
|           | Mailing Address 205 Franklin Lake Circle  |                           |                                     |  |           | 04           | /      |           |            |           | Y    |
|           | City<br>Oxford  | State<br>MI               | Zip Code<br>48371                   |  | A         |              |        |           |            |           |      |
|           | FEC ID number of contributing federal political committee.  | С                         |                                     |  |           |              |        | ,         |            |           |      |
|           | Name of Employer  | Occupation                |                                     |  | Bi        | weeki        | у РК   | ded \$    | 29.42 stai | 1 01/15/1 | 5    |
|           | Invacare Corporation  | Territory Bu              | isiness Manager                     | Biweekly PR ded \$29.42 start 01/15/15 |           |              |        |           |            |           |      |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼                      | 235.36                                 |           |              |        |           |            |           |      |
| s         | UBTOTAL of Receipts This Page (optional)  |                           |                                     | •••••                                  |           |              |        | 7         |            | 1485      | .32  |
| т         | OTAL This Period (last page this line number of   | only)                     |                                     | ····· ►                                | [         |              |        | ,         | - 7        |           |      |

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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|    | EMIZED RECEIPTS  |                           | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |
|----|--|---------------------------|---|---|
|    | y information copied from such Reports and St<br>for commercial purposes, other than using the |                           |   |   |
|    | NAME OF COMMITTEE (In Full)<br>INVACARE CORPORATION PC   | DLITICAL                  | ACTION COMMITTE                                   | E AKA INVA PAC  |
| Α. | Full Name (Last, First, Middle Initial)<br>Robert Gudbranson<br>Mailing Address 2521 Fairmount |                           |   | Date of Receipt   |
|    | City   | State                     | Zip Code  | 04 30 2015<br>Transaction ID : SA11AI.9050  |
|    | Cleveland  | ОН                        | 44106   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | С                         |   | 1666.64   |
|    | Name of Employer   | Occupation                | 1   | Biweekly PR ded \$208.33 start 01/15/15   |
|    | Invacare Corporation   | Chief Finan               | ncial Officer                                     |   |
|    | Receipt For:   | Aggregate                 | Year-to-Date ▼                                    |   |
|    | Primary General<br>Other (specify) ▼   |                           |   |   |
| В. | Full Name (Last, First, Middle Initial)  |                           |   | Date of Receipt   |
|    | Mailing Address 4488 Regal Circle  | 06 30 2015                |   |   |
|    | City   | State                     | Zip Code  | Transaction ID : SA11AI.9054  |
|    | Akron  | OH                        | 44321   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | С                         | 600.00  |   |
|    | Name of Employer<br>Invacare Corporation   | Occupation<br>Director Re |   | Biweekly PR ded \$50 start 01/15/15   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                 | Year-to-Date ▼<br>600.00                          |   |
| C. | Full Name (Last, First, Middle Initial)<br>JIII Kolczynski                                     |                           |   | Date of Receipt   |
|    | Mailing Address 805 Horseshoe Way  |                           |   | 06 / D D / Y Y Y Y Y<br>2015  |
|    | City<br>Avon Lake  | State<br>OH               | Zip Code<br>44012                                 | Transaction ID : SA11AI.9124           Amount of Each Receipt this Period                                 |
|    | FEC ID number of contributing federal political committee.                                     | С                         |   | 100.00  |
|    | Name of Employer   | Occupation                | 1   | Biweekly PR ded \$25 start 05/15/15   |
|    | Invacare Corporation   | Product De                | evelopment Manager                                |   |
|    | Receipt For:<br>Primary General  | Aggregate                 | Year-to-Date ▼                                    |   |
|    | Other (specify)  | L                         | 260.00  |   |
| s  | UBTOTAL of Receipts This Page (optional)   |                           | •   | 2366.64   |
| Т  | OTAL This Period (last page this line number of  | only)                     | ••••••  |   |

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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|  |                                       | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17   |
|--|---------------------------------------|---|---|
| Any information copied from such Reports and<br>or for commercial purposes, other than using t   |                                       |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.          |
| NAME OF COMMITTEE (In Full)<br>INVACARE CORPORATION  | POLITICA                              | L ACTION COMMITTE                                 | E AKA INVA PAC  |
| Full Name (Last, First, Middle Initial)<br>A. Malachi Mixon III<br>Mailing Address 3105 Topping Lane   |                                       |   | Date of Receipt   |
| City<br>Hunting Valley   | State<br>OH                           | Zip Code<br>44022                                 | Transaction ID : SA11AI.9130<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С                                     |   | 1000.00   |
| Name of Employer<br>Invacare Corporation<br>Receipt For:<br>Primary General<br>Other (specify)   | Occupation<br>Chairman &<br>Aggregate |   | Check contribution received   |
| Full Name (Last, First, Middle Initial) B. John Remmers Mailing Address 349 Aurora Street  |                                       |   | Date of Receipt   |
| City<br>Hudson<br>FEC ID number of contributing<br>federal political committee.  | State<br>OH                           | Zip Code<br>44236                                 | 04     30     2015       Transaction ID : SA11AI.9062       Amount of Each Receipt this Period       400.00 |
| Name of Employer         Invacare Corporation         Receipt For:         Primary       General         Other (specify) ▼                                     | Occupation<br>Sr. VP Sup<br>Aggregate |   | Biweekly PR ded \$50 start 01/15/15   |
| Full Name (Last, First, Middle Initial)<br>Frank Roche<br>Mailing Address 16414 St. Anthony Lane   |                                       |   | Date of Receipt   |
| City<br>Cleveland<br>FEC ID number of contributing   | State<br>OH                           | Zip Code<br>44111                                 | 06     30     2015       Transaction ID : SA11AI.9142       Amount of Each Receipt this Period       50.00  |
| federal political committee.          Name of Employer         Invacare Corporation         Receipt For:         Primary       General         Other (specify) | Occupation<br>VP Nationa              | al Sales Accounts<br>Year-to-Date ▼<br>250.00     | Biweekly PR ded \$25 starting 06/15/15  |
| SUBTOTAL of Receipts This Page (optional).   |                                       |   | 1450.00   |
| TOTAL This Period (last page this line number  | er only)                              |   |   |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

# Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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|          |  |                             | Detailed Summary Page   |                     | 11a               |               | 11b                 | 11c                     |             | 12               |              |    |
|----------|--|-----------------------------|---|---------------------|-------------------|---------------|---------------------|-------------------------|-------------|------------------|--------------|----|
|          |  |                             |   |                     | 13                |               | 14                  | 15                      |             | 16               | 1            | 17 |
| An<br>or | y information copied from such Reports and St<br>for commercial purposes, other than using the | atements ma<br>name and a   | ay not be sold or used by any pe<br>ddress of any political committee | erson fo<br>to soli | or the<br>cit cor | purp<br>ntrib | oose of<br>utions f | soliciting<br>from such | cor<br>1 co | ntribut<br>mmitt | tions<br>ee. |    |
|          | NAME OF COMMITTEE (In Full)<br>INVACARE CORPORATION PC   | DLITICAL                    | ACTION COMMITTE   | E AK                | A IN              | IVA           | A PA                | С                       |             |                  |              |    |
| Α.       | Full Name (Last, First, Middle Initial)<br>Richard Sawyer                                      |                             |   | D                   | ate of            | Re            | ceipt               |                         |             |                  |              |    |
|          | Mailing Address 550 Oak Knob   |                             |   |                     | м м<br>05         | /             | 22                  | ) / Y                   | Y<br>2(     | 015              | Y            |    |
|          | City   | State                       | Zip Code  |                     | Trans             | acti          | on ID :             | SA11AI.9                | <u>911</u>  | 1                |              |    |
|          | Wimberley  | ТХ                          | 78676   | A                   | mount             | of            | Each F              | Receipt thi             | is P        | eriod            |              |    |
|          | FEC ID number of contributing federal political committee.                                     | С                           |   |                     |                   |               | ,                   | 7                       | _           | 300              | .00          |    |
|          | Name of Employer   | Occupation                  |   | - Cr                | neck co           | ontri         | ibution             | received                |             |                  |              |    |
|          | Invacare Corporation   | Territory Bu                | siness Manager  |                     |                   |               |                     |                         |             |                  |              |    |
|          | Receipt For:   | Aggregate                   | Year-to-Date <b>V</b>   |                     |                   |               |                     |                         |             |                  |              |    |
|          | Primary General<br>Other (specify) ▼   |                             | 300.00  |                     |                   |               |                     |                         |             |                  |              |    |
| В.       | Full Name (Last, First, Middle Initial)<br>Gretchen Schuler                                    |                             |   | D                   | ate of            | Re            | ceipt               |                         |             |                  |              |    |
|          | Mailing Address 28710 Berkshire Drive  |                             |   |                     | м м<br>06         | /             | 30                  | ) / Y                   | ү<br>20     | )15              | Υ            |    |
|          | City   | State                       | Zip Code  |                     |                   |               |                     | SA11AI.9                |             |                  |              |    |
|          | North Olmsted  | OH                          | 44070   | A                   | mount             | of            | Each F              | Receipt thi             | is P        | eriod            |              |    |
|          | FEC ID number of contributing federal political committee.                                     | С                           |   |                     |                   | _             | 7                   |                         | _           | 504.             | 00           |    |
|          | Name of Employer<br>Invacare Corporation   | Occupation<br>Director of L | itigation Management  | — Biv               | veekly            | PR            | ded \$4             | 2 start 01              | /15/        | '15              |              |    |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                   | Year-to-Date ▼<br>504.00  |                     |                   |               |                     |                         |             |                  |              |    |
| c.       | Full Name (Last, First, Middle Initial)<br>Kimberly Wilhelm                                    |                             |   | D                   | ate of            | Re            | ceipt               |                         |             |                  |              |    |
|          | Mailing Address 2010 Gulf Road   |                             |   |                     | м м<br>06         | /             | 30                  |                         |             | )15              | Y            |    |
|          | City   | State                       | Zip Code  |                     | Trans             | acti          | ion ID :            | SA11AI.                 | 912         | 7                |              |    |
|          | Elyria   | OH                          | 44035   | A                   | mount             | of            | Each F              | Receipt thi             | is P        | eriod            |              |    |
|          | FEC ID number of contributing federal political committee.                                     | С                           |   |                     |                   |               | <b>7</b>            | <b>7</b>                |             |                  | .00          |    |
|          | Name of Employer   | Occupation                  |   | Br                  | weekly            | / PF          | ded \$2             | 20 start 05             | J/15        | /15              |              |    |
|          | Invacare Corporation   | Sales & Se                  | rvice Manager - TAG   |                     |                   |               |                     |                         |             |                  |              |    |
|          | Receipt For:   | Aggregate                   | Year-to-Date ▼  |                     |                   |               |                     |                         |             |                  |              |    |
|          | Primary General<br>Other (specify) ▼   |                             | 280.00  |                     |                   |               |                     |                         |             |                  |              |    |
|          |  |                             | 7 7 7   |                     |                   |               |                     |                         |             |                  |              |    |
| s        | UBTOTAL of Receipts This Page (optional)   |                             | ••••••  | . [                 |                   |               | · · ·               |                         | _           | 884.             | 00           |    |
| т        | OTAL This Period (last page this line number of  | only)                       |   | . [                 |                   |               | ,                   | 7                       |             | 6185.            | 96           | 1  |

| S         | CHEDULE B (FEC Form 3X)   |                         |                                | FOR LINE   | NUMBER: PAGE 10 OF 15                   |  |  |  |  |  |  |  |
|-----------|---|-------------------------|--------------------------------|------------|---|--|--|--|--|--|--|--|
| IT        | EMIZED DISBURSEMENTS  |                         | ate schedule(s) ategory of the | (check onl | k only one)                             |  |  |  |  |  |  |  |
|           |   |                         | Summary Page                   | 21b        | 22 X 23 24 25 26<br>28a 28b 28c 29 30b  |  |  |  |  |  |  |  |
|           | ny information copied from such Reports and Staten<br>for commercial purposes, other than using the nam |                         |                                |            |   |  |  |  |  |  |  |  |
| $\square$ | NAME OF COMMITTEE (In Full)   | _                       |                                |            |   |  |  |  |  |  |  |  |
|           | INVACARE CORPORATION POLI   | TICAL A                 | CTION CO                       | MMITTEE    |   |  |  |  |  |  |  |  |
| Α.        | Full Name (Last, First, Middle Initial)<br>FRIENDS OF GLENN THOMPSOI                                    | N                       |                                |            | Date of Disbursement                    |  |  |  |  |  |  |  |
|           |   | •                       |                                |            | M M / D D / Y Y Y Y                     |  |  |  |  |  |  |  |
|           | Mailing Address PO BOX 1112   |                         |                                |            | 05 14 2015                              |  |  |  |  |  |  |  |
|           | City S<br>STATE COLLEGE   | State<br>PA             | Zip Code<br>16804              |            | Transaction ID : SB23.9101              |  |  |  |  |  |  |  |
|           | Purpose of Disbursement   | 17                      | 10004                          |            | -                                       |  |  |  |  |  |  |  |
|           | Fundraising event of May 21   |                         |                                | 011        | Amount of Each Disbursement this Period |  |  |  |  |  |  |  |
|           | Candidate Name<br>GLENN THOMPSON  |                         |                                | Category/  | 500.00                                  |  |  |  |  |  |  |  |
|           |   | nent For: 20            | 016                            | Туре       |   |  |  |  |  |  |  |  |
|           |   | Primary                 | General                        |            |   |  |  |  |  |  |  |  |
|           | President   | Other (speci            | ify) 🔻                         |            |   |  |  |  |  |  |  |  |
|           | State: PA District: 05<br>Full Name (Last, First, Middle Initial)                                       |                         |                                |            |   |  |  |  |  |  |  |  |
| в.        | FRIENDS OF PAT TOOMEY   |                         |                                |            | Date of Disbursement                    |  |  |  |  |  |  |  |
|           |   |                         |                                |            | M M / D D / Y Y Y Y                     |  |  |  |  |  |  |  |
|           | Mailing Address 228 S. WASHINGTON ST., SUITE  | 115                     |                                |            | 05 14 2015                              |  |  |  |  |  |  |  |
|           | ALEXANDRIA  | State<br>VA             | Zip Code<br>22314              |            | Transaction ID : SB23.9094              |  |  |  |  |  |  |  |
|           | Purpose of Disbursement<br>Fundraising event of May 21  |                         |                                | 011        | Amount of Each Disbursement this Period |  |  |  |  |  |  |  |
|           | Candidate Name  |                         |                                | Category/  |   |  |  |  |  |  |  |  |
|           | PATRICK JOSEPH TOOMEY   |                         |                                | Туре       | 1000.00                                 |  |  |  |  |  |  |  |
|           |   | nent For: 20<br>Primary |                                |            |   |  |  |  |  |  |  |  |
|           |   | Other (speci            | fv) ▼                          |            |   |  |  |  |  |  |  |  |
|           | State: PA District: 00  | 、 <b>·</b>              | <i></i>                        |            |   |  |  |  |  |  |  |  |
| ~         | Full Name (Last, First, Middle Initial)   |                         |                                |            | Date of Disbursement                    |  |  |  |  |  |  |  |
| 0.        | JIM RENACCI FOR CONGRESS  |                         |                                |            |   |  |  |  |  |  |  |  |
|           | Mailing Address 150 SMOKERISE DRIVE   |                         |                                |            | 02 16 2015                              |  |  |  |  |  |  |  |
|           | 5   | State                   | Zip Code                       |            | Transaction ID : SB23.9071              |  |  |  |  |  |  |  |
|           | WADSWORTH<br>Purpose of Disbursement  | OH                      | 44281                          |            | -                                       |  |  |  |  |  |  |  |
|           | Fundraising event of 02/23/15   |                         |                                | 011        | Amount of Each Disbursement this Period |  |  |  |  |  |  |  |
|           |   |                         |                                | Category/  | 2500.00                                 |  |  |  |  |  |  |  |
|           | JAMES B RENACCI   |                         | Туре                           |            |   |  |  |  |  |  |  |  |
|           | Senate  | nent For: 2(<br>Primary | General                        |            |   |  |  |  |  |  |  |  |
|           | President   | Other (speci            | ify) 🔻                         |            |   |  |  |  |  |  |  |  |
| _         | State: OH District: 16  |                         |                                |            |   |  |  |  |  |  |  |  |
| ,         | INTOTAL of Dichursomente This Page (entioned)   |                         |                                |            | 4000.00                                 |  |  |  |  |  |  |  |
| Ľ         | <b>SUBTOTAL</b> of Disbursements This Page (optional)   |                         |                                | ····· •    |   |  |  |  |  |  |  |  |
| т         | OTAL This Period (last page this line number only)  |                         |                                | ••••••     |   |  |  |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)   |  | FOR LINE                 | NUMBER: PAGE 11 OF 15   |  |  |  |  |  |  |  |  |  |
|--|--|--------------------------|---|--|--|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page        | (check only<br>21b<br>27 | $\begin{array}{c c} \text{one} \\ \hline \\ 22 \\ 28a \\ 28b \\ 28b \\ 28c \\ 28c \\ 29 \\ 30b \\ 30b \\ \end{array}$   |  |  |  |  |  |  |  |  |  |
| Any information copied from such Reports and Stater<br>or for commercial purposes, other than using the nar  |  |                          |   |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |  |                          |   |  |  |  |  |  |  |  |  |  |
| > INVACARE CORPORATION POL   | TICAL ACTION COI   | MMITTEE                  | AKA INVA PAC  |  |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. JOHNSON FOR CONGRESS   | Date of Disbursement   |                          |   |  |  |  |  |  |  |  |  |  |
| Mailing Address PO BOX 906   |  |                          | 05 14 2015  |  |  |  |  |  |  |  |  |  |
| MARIETTA   | StateZip CodeOH45750   |                          | Transaction ID : SB23.9100  |  |  |  |  |  |  |  |  |  |
| Purpose of Disbursement<br>Fundraising event of May 19   |  | 011                      | Amount of Each Disbursement this Period   |  |  |  |  |  |  |  |  |  |
| Candidate Name BILL JOHNSON  |  | Category/<br>Type        | 2500.00   |  |  |  |  |  |  |  |  |  |
| Senate X<br>President  | nent For: 2016<br>Primary General<br>Other (specify) ▼                               |                          |   |  |  |  |  |  |  |  |  |  |
| State: OH District: 06<br>Full Name (Last, First, Middle Initial)  |  |                          |   |  |  |  |  |  |  |  |  |  |
| B. JOHNSON FOR CONGRESS  |  |                          | Date of Disbursement  |  |  |  |  |  |  |  |  |  |
| Mailing Address PO BOX 906   |  |                          | 06 29 2015  |  |  |  |  |  |  |  |  |  |
| MÁRIETTA   | StateZip CodeOH45750   |                          | Transaction ID : SB23.9152  |  |  |  |  |  |  |  |  |  |
| Purpose of Disbursement<br>Fundraising event of June 30  |  | 011                      | Amount of Each Disbursement this Period   |  |  |  |  |  |  |  |  |  |
| Candidate Name<br>BILL JOHNSON   |  | Category/<br>Type        | 250.00  |  |  |  |  |  |  |  |  |  |
| Office Sought: X House Disburser   | nent For: 2016<br>Primary General<br>Other (specify) v                               |                          |   |  |  |  |  |  |  |  |  |  |
| Full Names (Last First Middle Initial)   |  | Date of Disbursement     |   |  |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>C. KIND FOR CONGRESS COMMIT   | TEE  |                          |   |  |  |  |  |  |  |  |  |  |
|  | TEE  |                          | Date of Disbursement<br>02 / D D / Y Y Y Y<br>16 2015   |  |  |  |  |  |  |  |  |  |
| C. KIND FOR CONGRESS COMMIT<br>Mailing Address 205 South 5th Ave<br>Suite 428  | TEE<br>State Zip Code<br>WI 54601  |                          | M M / D D / Y Y Y Y   |  |  |  |  |  |  |  |  |  |
| C. KIND FOR CONGRESS COMMIT<br>Mailing Address 205 South 5th Ave<br>Suite 428<br>City  | State Zip Code   |                          | 02 / D D / Y Y Y Y<br>16 2015   |  |  |  |  |  |  |  |  |  |
| C. KIND FOR CONGRESS COMMIT<br>Mailing Address 205 South 5th Ave<br>Suite 428<br>City<br>La Crosse<br>Purpose of Disbursement<br>Candidate Name<br>RONALD JAMES KIND | State Zip Code<br>WI 54601   | Category/<br>Type        | 02 / 16 / 2015<br>Transaction ID : SB23.9072  |  |  |  |  |  |  |  |  |  |
| C. KIND FOR CONGRESS COMMIT  | State Zip Code   |                          | M M       /       D D       /       Y Y Y Y         02       16       /       2015         Transaction ID : SB23.9072         Amount of Each Disbursement this Period |  |  |  |  |  |  |  |  |  |
| C. KIND FOR CONGRESS COMMIT  | State Zip Code<br>WI 54601<br>ment For: 2016<br>Primary General<br>Other (specify) ▼ | Туре                     | M M       /       D D       /       Y Y Y Y         02       16       /       2015         Transaction ID : SB23.9072         Amount of Each Disbursement this Period |  |  |  |  |  |  |  |  |  |

| S          | CHEDULE B (FEC Form 3X)   |  |   | NUMBER: PAGE 12 OF 15                            |  |  |  |  |  |  |  |  |  |  |  |
|------------|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
|            | EMIZED DISBURSEMENTS  | Use separate schedule(s<br>for each category of the<br>Detailed Summary Page | ) (check onl<br>21b<br>27               | y one)<br>22 X 23 24 25 26<br>28a 28b 28c 29 30b |  |  |  |  |  |  |  |  |  |  |  |
|            | ny information copied from such Reports and Stater<br>for commercial purposes, other than using the nan |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|            | NAME OF COMMITTEE (In Full)   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| $ \rangle$ | INVACARE CORPORATION POLI   | TICAL ACTION CO  | OMMITTEE                                | AKA INVA PAC                                     |  |  |  |  |  |  |  |  |  |  |  |
| <u>د</u>   | Full Name (Last, First, Middle Initial)   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| А.         | LARSON FOR CONGRESS   | Date of Disbursement   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|            | Mailing Address PO BOX 479  |  |   | 04 30 _2015                                      |  |  |  |  |  |  |  |  |  |  |  |
|            | City S<br>GLASTONBURY   | State Zip Code<br>CT 06033   |   | Transaction ID : SB23.9086                       |  |  |  |  |  |  |  |  |  |  |  |
|            | Purpose of Disbursement   | 00000  |   | -  |  |  |  |  |  |  |  |  |  |  |  |
|            | Fundraising event of May 5 Candidate Name   |  | 011                                     | Amount of Each Disbursement this Period          |  |  |  |  |  |  |  |  |  |  |  |
|            | JOHN B LARSON   |  | Category/<br>Type                       | 500.00   |  |  |  |  |  |  |  |  |  |  |  |
|            | Senate X<br>President   | nent For: 2016<br>Primary General<br>Other (specify) ▼                       |   |  |  |  |  |  |  |  |  |  |  |  |  |
|            | State: CT District: 01  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| В.         | Full Name (Last, First, Middle Initial)   |  |   | Date of Disbursement                             |  |  |  |  |  |  |  |  |  |  |  |
|            | Mailing Address PO BOX 3013   |  |   | 05 14 2015                                       |  |  |  |  |  |  |  |  |  |  |  |
|            | IOWA CITY   | State Zip Code<br>IA 52244   | -                                       | Transaction ID : SB23.9105                       |  |  |  |  |  |  |  |  |  |  |  |
|            | Purpose of Disbursement<br>Fundraising event of May 20  |  | 011                                     | Amount of Each Disbursement this Period          |  |  |  |  |  |  |  |  |  |  |  |
|            |   |  | Category/                               | 500.00   |  |  |  |  |  |  |  |  |  |  |  |
|            | DAVID WAYNE LOEBSACK  | ment For: 2016   | Туре                                    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | Senate X<br>President   | Primary General<br>Other (specify) ▼   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| _          | State:         IA         District:         02           Full Name (Last, First, Middle Initial)        |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| C.         | PIONEER POLITICAL ACTION CO   | OMMITTEE   |   | Date of Disbursement                             |  |  |  |  |  |  |  |  |  |  |  |
|            | Mailing Address 412 First Street S.E.<br>Suite 100  |  |   | 03 02 2015                                       |  |  |  |  |  |  |  |  |  |  |  |
|            | Washington  | StateZip CodeDC20003   | 1                                       | Transaction ID : SB23.9077                       |  |  |  |  |  |  |  |  |  |  |  |
|            | Purpose of Disbursement<br>Fundraising event of February 24   |  | 011                                     | Amount of Each Disbursement this Period          |  |  |  |  |  |  |  |  |  |  |  |
|            | Candidate Name<br>PIONEER POLITICAL ACTION CO   | OMMITTEE   | Category/<br>Type                       | 5000.00  |  |  |  |  |  |  |  |  |  |  |  |
|            |   | nent For: 2016<br>Primary General<br>Other (specify) ▼                       | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |  |  |  |  |  |  |  |  |  |  |
| s          | UBTOTAL of Disbursements This Page (optional)   |  | ••••••                                  | 6000.00  |  |  |  |  |  |  |  |  |  |  |  |
| L          |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |

| SC               | CHEDULE B (FEC Form 3X)  |  |                               | FO                                   | R I   |           | JMBER:                                  |               |           |               | PA                                      | GE    | 13 C     | )F 15     |  |  |  |  |
|------------------|--|--|-------------------------------|--------------------------------------|-------|-----------|---|---------------|-----------|---------------|---|-------|----------|-----------|--|--|--|--|
| ITI              | EMIZED DISBURSEMENTS   | Use separate sc<br>for each categor  |                               |                                      | eck   | only o    | lly one)                                |               |           |               |   |       |          |           |  |  |  |  |
|                  |  | Detailed Summa   | ry Page                       |                                      |       | 21b<br>27 | 22<br>                                  | ×             | 23<br>28b |               | 24<br>28c                               |       | 25<br>29 | 26<br>30b |  |  |  |  |
| An<br>or         | y information copied from such Reports and Staten<br>for commercial purposes, other than using the nam | nents may not be s<br>ne and address of a  | sold or used<br>any political | l by a<br>com                        | any j | person    | for the                                 | purp<br>ntrib | ose       | of s<br>s fro | solicitin                               | g con | ntribut  | ions      |  |  |  |  |
| $\left  \right $ | NAME OF COMMITTEE (In Full)  |  |                               |                                      |       |           |   |               |           | _             |   |       |          |           |  |  |  |  |
|                  | INVACARE CORPORATION POLI  | TICAL ACTIO  |                               | 1MI                                  | ΓTE   | EE A      | KA IN                                   | IVA           | ΑP/       | ٩C            | ,                                       |       |          |           |  |  |  |  |
| -                | Full Name (Last, First, Middle Initial)  |  |                               |                                      |       |           | Date of                                 |               | burse     | ame           | nt                                      |       |          |           |  |  |  |  |
|                  | TAMMY FOR ILLINOIS   |  | Date of Disbursement          |                                      |       |           |   |               |           |               |   |       |          |           |  |  |  |  |
|                  | Mailing Address PO BOX 59348   |  |                               |                                      |       |           | 06 22 2015                              |               |           |               |   |       |          |           |  |  |  |  |
|                  | SCHAUMBURG   | State Zip Contract |                               |                                      |       |           | Transaction ID : SB23.9134              |               |           |               |   |       |          |           |  |  |  |  |
|                  | Purpose of Disbursement<br>Fundraising event of June 27  |  |                               | 01                                   | 1     | 1         | Amount of Each Disbursement this Period |               |           |               |   |       |          |           |  |  |  |  |
|                  | Candidate Name   |  | L                             | Cate                                 |       | /         |   |               |           |               |   |       |          |           |  |  |  |  |
|                  | L. TAMMY DUCKWORTH   | nent For: 2016   |                               | Ту                                   |       |           | <u> </u>                                |               | 7         | _             | - 7                                     |       | 500      | .00       |  |  |  |  |
|                  |  |  | General                       |                                      |       |           |   |               |           |               |   |       |          |           |  |  |  |  |
|                  | State: IL District: 08   |  |                               |                                      |       |           |   |               |           |               |   |       |          |           |  |  |  |  |
|                  | Full Name (Last, First, Middle Initial)<br>THE BILL KEATING COMMITTEE                                  |  |                               |                                      |       |           | Date of                                 | f Dis         |           |               |   |       |          | _         |  |  |  |  |
|                  | Mailing Address P.O. BOX 3065  |  |                               |                                      |       |           | 05 / 14 / 2015                          |               |           |               |   |       |          |           |  |  |  |  |
|                  | BUZZARDS BAY   | State Zip C<br>MA 0253   |                               |                                      |       |           | Transaction ID : SB23.9087              |               |           |               |   |       |          |           |  |  |  |  |
|                  | Purpose of Disbursement<br>Fundraising event of May 20   |  | 1                             | 01                                   | 11    | 1         | Amount of Each Disbursement this Period |               |           |               |   |       |          |           |  |  |  |  |
|                  | Candidate Name   |  |                               | Cate                                 | gory  | /         | 250.00                                  |               |           |               |   |       |          |           |  |  |  |  |
|                  | WILLIAM RICHARD KEATING<br>Office Sought: Y House Disbursen  | nent For: 2016   |                               | Ту                                   | pe    |           | <u> </u>                                | _             | 7         | _             | 230.00                                  |       |          |           |  |  |  |  |
|                  | Senate X   |  | General                       |                                      |       |           |   |               |           |               |   |       |          |           |  |  |  |  |
|                  | State: MA District: 09   |  |                               |                                      |       |           |   |               |           |               |   |       |          |           |  |  |  |  |
| C.               | Full Name (Last, First, Middle Initial)  |  |                               |                                      |       |           | Date of                                 | f Dis         |           |               | _                                       |       |          |           |  |  |  |  |
|                  | Mailing Address  |  |                               | M – M                                | /     | D         | D                                       |               |           |               |   |       |          |           |  |  |  |  |
|                  | City   | State Zip C  | ode                           |                                      |       |           |   |               |           |               |   |       |          |           |  |  |  |  |
|                  | Purpose of Disbursement  |  |                               |                                      |       |           |   |               |           |               |   |       |          |           |  |  |  |  |
|                  | Candidate Name   |  | /                             | Amount of Each Disbursement this Per |       |           |   |               |           |               |   |       |          |           |  |  |  |  |
|                  |  |  | General                       |                                      |       |           |   |               | ,         |               | , |       |          |           |  |  |  |  |
|                  |  |  |                               |                                      |       |           | _                                       | -             | _         | _             | _                                       |       | _        | _         |  |  |  |  |
| s                | UBTOTAL of Disbursements This Page (optional)  |  |                               |                                      |       |           | Ļ.                                      |               | 5         |               | - 7                                     | _     | 750.     |           |  |  |  |  |
| 1 - C            | OTAL This Period (last page this line number only)   |  |                               |                                      |       |           | I .                                     |               | ,         |               |   | 1     | 4000.    | 00        |  |  |  |  |

| S            | CHEDULE B (FEC Form 3X)   |                                    |                           | F         | OB                 | LINE       | NUM   | BFR                                     |                            |        |    | PA        | GE 1    | 14 OI    | F 15      |  |  |
|--------------|---|------------------------------------|---------------------------|-----------|--------------------|------------|---|---|----------------------------|--------|----|-----------|---------|----------|-----------|--|--|
| IT           | EMIZED DISBURSEMENTS  | Use sepa<br>for each               |                           |           | k only             | one)       | )   |   | 1.65                       | _      |    |           |         |          |           |  |  |
|              |   | Detailed                           | Summary Page              |           | $\left  - \right $ | 21b<br>27  |   | 222324<br>28a28b28c                     |                            |        |    |           |         | 25<br>29 | 26<br>30b |  |  |
|              | y information copied from such Reports and State<br>for commercial purposes, other than using the nat |                                    |                           |           |                    | perso      | on foi  | r the                                   |                            | pose   |    | solicitir | ig cont | tributio | ons       |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |                                    |                           |           |                    |            |   |   |                            |        | _  |           |         |          |           |  |  |
| $ \rangle$   | INVACARE CORPORATION POL  |                                    | ACTION CO                 | MMI       | TT                 | ΈE         | AK/   | a in                                    | ۱V                         | A P/   | 40 | 2         |         |          |           |  |  |
| <u>د</u>     | Full Name (Last, First, Middle Initial) PNC Bank  |                                    | Date of Disbursement      |           |                    |            |   |   |                            |        |    |           |         |          |           |  |  |
|              | Mailing Address 1900 East Ninth Street  |                                    |                           |           |                    |            | M m         /         D m         /         Y m |   |                            |        |    |           |         |          |           |  |  |
|              | City<br>Cleveland   | State<br>OH                        | Zip Code<br>44114         |           |                    |            |   |   |                            |        |    |           |         |          |           |  |  |
|              | Purpose of Disbursement<br>Corporate Account Analysis Fee   |                                    |                           | 0         | 01                 |            | Amount of Each Disbursement this Period   |   |                            |        |    |           |         |          |           |  |  |
|              | Candidate Name  |                                    |                           | Cate<br>T | egor<br>ype        | ry/        |   |   |                            | ,      |    |           |         | 123.66   | 66        |  |  |
|              | Office Sought: House Disburse<br>Senate President   | ment For:<br>Primary<br>Other (spe | General<br>cify) ▼        |           |                    |            |   |   |                            |        |    |           |         |          |           |  |  |
|              | State: District:  | a                                  |                           |           |                    |            |   |   |                            |        |    |           |         |          |           |  |  |
| В.           | Full Name (Last, First, Middle Initial)<br>PNC Bank   |                                    |                           |           |                    |            | _   | ate o                                   | _                          | sburse |    |           | Ý       | Y        |           |  |  |
|              | Mailing Address 1900 East Ninth Street  |                                    |                           |           |                    | 03 31 2015 |   |   |                            |        |    |           |         |          |           |  |  |
|              | City<br>Cleveland   | State<br>OH                        | Zip Code<br>44114         |           |                    |            | Transaction ID : SB29.9076  |   |                            |        |    |           |         |          |           |  |  |
|              | Purpose of Disbursement<br>Corporate Account Analysis Fee   |                                    |                           | C         | 001                |            | Ar  | noun                                    | t of                       | Each   | Di | isburse   | ment t  | his Pr   | eriod     |  |  |
|              | Candidate Name  |                                    |                           | Cate      |                    | ry/        | Amount of Each Disbursement this Period   |   |                            |        |    |           |         |          |           |  |  |
|              | Office Sought: House Disburse<br>Senate President   | ment For:<br>Primary<br>Other (spe |                           |           |                    |            |   |   |                            |        |    |           |         |          |           |  |  |
|              | State: District:  |                                    |                           |           |                    |            |   |   |                            |        |    |           |         |          |           |  |  |
| C.           | Full Name (Last, First, Middle Initial)<br>PNC Bank   |                                    |                           |           |                    |            | _   | ate o                                   | _                          | sburse |    |           | Ý       | V        | /         |  |  |
|              | Mailing Address 1900 East Ninth Street  |                                    |                           |           |                    |            |   | 04                                      | Í                          |        | 30 |           | 201     |          |           |  |  |
|              | City     State     Zip Code       Cleveland     OH     44114  |                                    |                           |           |                    |            |   |   | Transaction ID : SB29.9106 |        |    |           |         |          |           |  |  |
|              | Purpose of Disbursement<br>Corporate Account Analysis Fee<br>Candidate Name                           | 001<br>Category/                   |                           |           |                    |            |   | Amount of Each Disbursement this Period |                            |        |    |           |         |          |           |  |  |
|              | Office Sought: House Disburse   | ment For:                          |                           |           | ype                |            |   |   |                            | 7      | _  | 7         |         | 185.3    | 5/        |  |  |
|              | Senate<br>President   | Primary<br>Other (spe              | General<br>cify) <b>▼</b> |           |                    |            |   |   |                            |        |    |           |         |          |           |  |  |
| _            | State: District:  | -                                  |                           |           |                    |            |   |   |                            |        |    |           |         |          |           |  |  |
| ⊢            | UBTOTAL of Disbursements This Page (optional).  |                                    |                           |           |                    |            |   |   | -                          | 7      |    | 5         |         | 462.7    | 79        |  |  |
| ΙТ           | OTAL This Period (last page this line number only   | ′)                                 |                           |           |                    |            | 1.  |   |                            | 7      | _  |           |         |          | _         |  |  |

| S            | CHEDULE B (FEC Form 3X)  |   |                    |             |             | E NUMBER: PAGE 15 OF 15                 |   |        |        |           |    |           |                |        |           |  |  |
|--------------|--|---|--------------------|-------------|-------------|---|---|--------|--------|-----------|----|-----------|----------------|--------|-----------|--|--|
| IT           | EMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the |                    |             | hec         | k on<br>21b                             | nly one)<br>0 22 23 24 25 -             |        |        |           |    |           |                |        |           |  |  |
|              |  | Detailed  | Summary Page       |             |             | 210                                     |   | 28a    | -      | 23<br>28b | ╞  | 24<br>28c | $\mathbf{X}^2$ |        | 26<br>30b |  |  |
|              | y information copied from such Reports and Stater<br>for commercial purposes, other than using the nar |   |                    |             |             |   |   |        |        |           |    |           | ig conti       |        |           |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |   |                    |             |             |   |   |        |        |           |    | _         |                |        |           |  |  |
|              | INVACARE CORPORATION POL   | ITICAL A  | ACTION CO          | MMI         |             | EF                                      | : Al                                    | KA II  | NV/    | A P/      | 4( | )         |                |        |           |  |  |
| Α.           | Full Name (Last, First, Middle Initial)<br>PNC Bank  | Date of Disbursement                              |                    |             |             |   |   |        |        |           |    |           |                |        |           |  |  |
|              | Mailing Address 1900 East Ninth Street   | 05 / D D / Y Y Y Y Y<br>2015                      |                    |             |             |   |   |        |        |           |    |           |                |        |           |  |  |
|              | City<br>Cleveland  | State<br>OH                                       | Zip Code<br>44114  |             |             |   | Transaction ID : SB29.9107              |        |        |           |    |           |                |        |           |  |  |
|              | Purpose of Disbursement<br>Corporate Account Analysis Fee  |   |                    |             | 01          |   |   |        |        |           |    |           |                |        |           |  |  |
|              | Candidate Name   |   | Cate               |             |             |   | Anoun                                   |        | Lacii  |           |    |           | 125.45         |        |           |  |  |
|              | Office Sought: House Disburser<br>Senate President   | ment For:<br>Primary<br>Other (spec               | General            |             | урс         |   |   |        |        | ,         |    | 7         |                |        |           |  |  |
|              | State: District:   |   | <i>,</i>           |             |             |   |   |        |        |           |    |           |                |        |           |  |  |
| В.           | Full Name (Last, First, Middle Initial)<br>PNC Bank  |   |                    |             |             |   |   | Date o | of Dis | sburse    | em | ent       |                |        |           |  |  |
|              | Mailing Address 1900 East Ninth Street   |   |                    |             |             |   | 06 30 2015                              |        |        |           |    |           |                |        |           |  |  |
|              | Cleveland  | State<br>OH                                       | Zip Code<br>44114  |             |             | Transaction ID : SB29.9156              |   |        |        |           |    |           |                |        |           |  |  |
|              | Purpose of Disbursement<br>Corporate Acct Analysis Fee   |   |                    | C           | 001         |   | Amount of Each Disbursement this Period |        |        |           |    |           |                |        |           |  |  |
|              | Candidate Name   |   |                    | Cate<br>T   | egoi<br>ype |   | 216.91                                  |        |        |           |    |           |                |        |           |  |  |
|              | Office Sought: House Disburser<br>Senate President   | ment For:<br>Primary<br>Other (spec               |                    |             |             |   |   |        |        |           |    |           |                |        |           |  |  |
|              | State: District:   |   |                    |             |             |   |   |        |        |           |    |           |                |        |           |  |  |
| C.           | Full Name (Last, First, Middle Initial)  |   |                    |             |             |   |   | Date o | of Dis |           |    |           |                |        |           |  |  |
|              | Mailing Address  |   |                    |             |             |   | 1                                       |        | /      | D         |    | 7         | r = ¥ =        | Y Y    |           |  |  |
|              | City   | State   | Zip Code           |             |             |   |   |        |        |           |    |           |                |        |           |  |  |
|              | Purpose of Disbursement  |   | _                  |             |             | -                                       | A                                       | 4 - 1  |        |           |    |           | da Desta I     |        |           |  |  |
|              | Candidate Name   |   | Cate               | egoi<br>ype |             | Amount of Each Disbursement this Period |   |        |        |           |    |           |                |        |           |  |  |
|              | Senate<br>President  | ment For:<br>Primary<br>Other (spec               | General<br>cify) ▼ |             |             |   |   |        |        |           |    |           |                |        |           |  |  |
|              | State: District:   |   |                    |             |             |   |   |        | _      | _         | _  |           | _              |        |           |  |  |
| s            | UBTOTAL of Disbursements This Page (optional)  |   |                    |             |             | •                                       |   | L.     | -      | <u>,</u>  |    |           |                | 342.36 | -         |  |  |
| т            | OTAL This Period (last page this line number only)   | )   |                    |             |             | •                                       |   | L.     |        | 7         | _  |           |                | 805.15 |           |  |  |