



RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
NOV 6 9 27 AM '98

November 5, 1998

Ms. Antoinette Kitchen
Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E. Street NW
Washington D.C. 20463

Re: C00249896
July Quarterly Report (4/1/98-6/30/98)

Dear Ms. Antoinette:

Please find enclosed a copy of your letter and materials sent to me on October 28, 1998 in which you have raised the question of our treatment of a contribution inadvertently received in excess of \$5,000.

Invacare Corporation Political Action Committee requested a reattribution of a portion of this contribution from the donor to the donor's spouse, and so indicated on the quarterly return filed above. A reattribution was received and was so reported in the return filed for the quarter ended September 30, 1998. I am enclosing a copy of the September 30 report in total, as well as a separate copy of the pages where we document the reattribution.

You will also note that did not report a non federal contribution on line 29. In the future we will make certain to do this based upon your letter.

Thank you for your attention to this matter and do not hesitate to call me at 440-329-6102 or fax me at 440-366-9672 if you have any further questions.

Very truly yours,

Jerome E. Fox, Jr.
Treasurer

Enclosures

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Commit (Summary Page)

USE PREVAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Nov 6 10 44 AM '98

1. NAME OF COMMITTEE (in full)

C00249896 081898 P 265

JEROME E FOX JR
INVACARE CORPORATION POLITICAL
ACTION COMMITTEE AKA INVA PAC
ONE INVACARE WAY
ELYRIA OH 44035

2. FEC IDENTIFICATION NUMBER
C00 249 896

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


4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- July 15 Quarterly Report February 20 June 20 October 20
- October 15 Quarterly Report March 20 July 20 November 20
- January 31 Year End Report April 20 August 20 December 20
- July 31 Mid Year Report (Non-election Year Only) May 20 September 20 January 31
- Termination Report 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/98</u> through <u>9/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 16,265.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 35,023.42	
(c) Total Receipts (from Line 10)	\$ 5,539.01	\$ 39,296.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 40,562.43	\$ 55,562.43
7. Total Disbursements (from Line 20)	\$ 22,250.00	\$ 37,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 18,312.43	\$ 18,312.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Jerome E. Fox, Jr.

Signature of Treasurer: 

Date: 10-15-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

DETAILED SUMMARY PAGE

F RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

Invacare Corporation Political Action Committee

REPORT COVERING PERIOD

FROM July 1 TO September 30

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3,798.04	30,651.91
ii. Unitemized	1,393.04	7,785.82
iii. Total (add i and ii) >	5,191.04	38,437.73
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	5,191.04	38,437.73
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	347.97	859.97
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,539.01	39,296.70
20. Total Federal Receipts (subtract line 18 from line 19) >	5,539.01	39,296.70
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,250.00	37,250.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	22,250.00	37,250.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	22,250.00	37,250.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	5,191.04	38,437.73
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)	5,191.04	38,437.73
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >		

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee AKA Invapac

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William F. Corcoran 388 Bounty Way Avon Lake, OH 44012	Invacare Corporation	Twice Monthly Via Payroll	240.00 (40.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Manager - TAG Aggregate Year-to-Date > \$ 720.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald B. Blough 30700 Lake Road Bay Village, OH 44140	Invacare Corporation	N/A	None
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President + COO Aggregate Year-to-Date > \$ 3,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph B. Richey 7325 Stump Hollow Lane Chagrin Falls, OH 44022	Invacare Corporation	5/28/98 Originally reported in July 7/19/98	3,000.00 MEMO (2,500.00) MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP - TQM Aggregate Year-to-Date > \$ 3,750.00 (reattributed below)		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gayle G. Richey (same as above)	Invacare Corporation	7/19/98	2,500.00 MEMO REATTRIBUTION
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$ 2,500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis F.J. Stangen 550 Hampshire Road Akron, OH 44313	Invacare Corporation	Twice Monthly Via Payroll	1,250.04 (208.34 each pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. VP - Sales Marketing Aggregate Year-to-Date > \$ 3,750.04		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maurice L. Tabickman 483 North Street Chagrin Falls, OH 44022	Invacare Corporation	Twice Monthly Via Payroll	900.00 (150.00 each pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. VP - Respiratory Aggregate Year-to-Date > \$ 2,670.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Buckley 29267 Nottingham Court Westlake, OH 44145	Invacare Corporation	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. VP - Continuing Care Aggregate Year-to-Date > \$ 1,000.00		

TOTAL of Receipts This Page (optional)

2,390.04

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Invacare Corporation Political Action Committee AKA Invapac

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
A. Malachi Mixon 2484 Stratford Road Cleveland Hts, OH 94118	Invacare Corporation	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman + CEO Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harry E. Steward 2134 Jess Drive Hudson, OH 44236	Invacare Corporation	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - Human Resources Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas V. Wiegand 633 Wellesley Circle Avon Lake, OH 44021	Invacare Corporation	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Controller Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Christopher C. Allard 771 Kenneland Pike Circle Lake Mary, FL	Invacare Corporation	Twice Monthly Via Payroll	60.00 (10.00 Per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Mgr - TSS/Bedside Aggregate Year-to-Date > \$ 265.89		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Francis J. Callahan 3195 Roundwood Road Hunting Valley, OH 44022	Crawford Fitting/ Director - Invacare	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President / Board Member Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank B. Carr 2005 Chestnut Hills Drive Cleveland, OH 44106	Invacare Corporation Board of Directors	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Board of Directors Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Dmytriv 7439 Lauren J Drive Mentor, OH 44060	Invacare Corporation	Twice Monthly Via Payroll	120.00 (20.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Operation - OH Aggregate Year-to-Date > \$ 320.00		

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11 (a)(1)

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee AKA Invapac

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Whitney Evans 4480 Grove Street Sonoma, CA 95476	Invacare Corporation Board of Directors	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Board of Directors Aggregate Year-to-Date > \$ 750.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome E. Fox, Jr. 441 Woodridge Circle Berea, OH 44017	Invacare Corporation	Twice Monthly Via Monthly	108.00 (18.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Corporate Tax Director Aggregate Year-to-Date > \$ 330.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glenn Holm 685 South Lake Street South Amherst, OH 44001	Invacare Corporation	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Environmental Manager Aggregate Year-to-Date > \$ 204.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R. Miklich 16468 Fox Hunt Strongsville, OH 44136	Invacare Corporation	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond Wandell 1217 Limerick Court Hummelstown, PA 17036	Invacare Corporation	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President-Europe Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William M. Weber 3200 Roundwood Rd. Chagrin Falls, OH 44022	Roundwood Capital/ Invacare Corporation	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President/Board Member Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David T. Williams 901 Shady lawn Amherst, OH 44001	Invacare Corporation	Twice Monthly Via Payroll	210.00 (35.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director Gov't Relations Aggregate Year-to-Date > \$ 630.00		

GUSTOTAL of Receipts This Page (optional)

318.00

TOTAL This Period (last page this box number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 15

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee AKA Invapac

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin J. Ziemanski 24435 Maria Lane North Olmsted, OH 44070	Invacare Corporation	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Inventor Module Manager Aggregate Year-to-Date > \$ 355.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Bodnarik 984 Wellington Oviedo, FL 32765	Invacare Corporation	Twice Monthly Via Payroll	60.00 (10.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Purchasing Mgr - Respiratory Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven C. Clark 355 Long Pointe Dr. Avon Lake, OH 44012	Invacare Corporation	Twice Monthly Via Payroll	120.00 (20.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vices Pres. - Power Products Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elwood E. Dail P.O. Box 62 Milan, OH 44846	Invacare Corporation	Twice Monthly Via Payroll	150.00 (25.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of European Op. Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren D. Lowery 3326 Hadleigh Crest Orlando, FL 32817	Invacare Corporation	Twice Monthly Via Payroll	90.00 (15.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Operations - Resp. Aggregate Year-to-Date > \$ 270.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Pessel 32950 MLW Pepper Pike, OH 44124-5529	Invacare Corporation	Twice Monthly Via Payroll	120.00 (20.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP-CIO Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David A. Nuttall 726 Valley Dr. Amherst, OH 44001	Invacare Corporation	7/21/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Engineering Manager Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 15

FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (In Full)

Invacare Corporation Political Action Committee AKA Invapac

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kelly D. Wolf 12215 Asbury Park Drive. Roswell, GA 30075 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Area Vice President Aggregate Year-to-Date > \$ 235.00	Twice Monthly Vic Payroll	60.00 (10.00 per pay period)
John Wright 1326 W 36th St. San Pedro, CA 90731 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Area Vice President-Sales Aggregate Year-to-Date > \$ 215.00	Twice Monthly Vic Payroll	60.00 (10.00 per pay period)
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (see page this line number only)	3,798.04

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Invecare Corporation Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hollister for Congress 107 Inquis Drive Marietta, OH 45750	Ohio - 6th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/98	1,000.00
De Gette for Congress, Inc. P.O. Box 75214 Washington, D.C. 20013	Colorado - 1st Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/98	500.00
Leadership '98 5501 Cherokee Ave., Suite 112 Alexandria, VA 22312	Vice President Al Gore Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/98	2,000.00
Ohio House Republican Campaign Comm. P.O. Box 15775 Columbus, OH 43215-9908	Ohio - Multi-Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/98	1,000.00
Friends of Max Cleland for U.S. Senate, Inc. 346 Northeast Expressway Atlanta, GA 30341	Georgia - U.S. Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/98	1,000.00
Bob Kerry for U.S. Senate Committee 3412 P. Street NW Washington, D.C. 20007	Nebraska - U.S. Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/98	500.00
Peter Deutsch for Congress P.O. Box 817689 Hollywood, FL 33081	Florida - 20th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/98	500.00
BAK/PAK 7602 Pacific Ave. LL103 Omaha, NE 68114	Multi-candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	3,000.00
Congressman Bart Gordon Committee 4471 McArthur Blvd. NW, Suite 201 Washington, DC 20007	Tennessee - 6th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	250.00

SUBTOTAL of Disbursements This Page (optional)

9,750.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER
23

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NAME OF COMMITTEE (in full)

Invaicare Corporation Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Graham for Senate Committee 233 Constitution Ave. Washington, D.C. 20002	Florida - U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	1,000.00
John Breaux Senate Committee 1108 E. Broad Street Falls Church, VA 22046	Louisiana - U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	1,000.00
McCain for Senate '98 507 Capital Court NE #100 Washington, D.C. 20002	Arizona - U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	1,000.00
Bob Ney for Congress 1213 N. Vernon Street Arlington, VA 22201	Ohio - 18th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	1,000.00
Pete Stark Re-Election Committee P.O. Box 75214 Washington, DC, 20013-5214	California - 13th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	1,000.00
Martin Frost Campaign Committee P.O. Box 4219 Dallas, TX 75208	Texas - 24th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	1,000.00
Cubin for Congress P.O. Box 4657 Casper, WY 82604	Wyoming - 1st Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	500.00
La Tourette for Congress Committee 4451 Brookfield Corp. Drive Chantilly, VA 20151-1652	Ohio - 19th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	500.00
Snyder for Congress P.O. Box 250998 Little Rock, AR 72205	Arkansas - 6th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	500.00

SUBTOTAL of Disbursements This Page (optional)

7,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER
23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of 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)

Invascare Corporation Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<i>A lot of People Supporting Tom Daschle 424 C Street NE Washington, D.C. 20002</i>	<i>South Dakota - U.S. Senate</i>	<i>9/25/98</i>	<i>5,000.00</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

5,000.00

TOTAL This Period (last page file line number only)

22,250.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8
FOR LINE NUMBER 1(a)(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee AKA Inuapac

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William E. Corcoran 388 Bounty Way Avon Lake, OH 44013	Invacare Corporation Occupation: General Manager - TAG Aggregate Year-to-Date > \$ 490.00	Twice Monthly Via Payroll	240.00 (40.00 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gerald B. Blough 30700 Lake Road Bay Village, OH 44140	Invacare Corporation Occupation: President - COO Aggregate Year-to-Date > \$ 3,000.00	N/A	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph B. Richey 1325 Stump Hollow Lane Chagrin Falls, OH 44022	Invacare Corporation Occupation: Senior VP - TGM Aggregate Year-to-Date > \$ 2,250.00	5/28/18	5,000.00 (Contribution Requested)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Louis F.J. Skagen 550 Hampshire Road Akron, OH 44313	Invacare Corporation Occupation: Sr. VP Sales/Marketing Aggregate Year-to-Date > \$ 2,500.00	Twice Monthly Via Payroll	1,250.04 (209.34 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Maurice L. Tabickman 483 North Street Chagrin Falls, OH 44022	Invacare Corporation Occupation: Sr. VP Respiratory Aggregate Year-to-Date > \$ 1,770.00	Twice Monthly Via Payroll	900.00 (150.00 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas J. Buckley 29267 Nottingham Court Westlake, OH 44145	Invacare Corporation Occupation: Sr. VP - Continuous Care Aggregate Year-to-Date > \$ 1,000.00	N/A	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
A. Melachi Mixon 2484 Stratford Road Cleveland Hts., OH 44118	Invacare Corporation Occupation: Chairman & CEO Aggregate Year-to-Date > \$ 5,000.00	N/A	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

7,390.04

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(a) (1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Invacare Political Action Committee - AKA Invapac

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William F. Concoran 388 Bounty Way Avon Lake, OH 44012	Invacare Corporation	Twice Monthly via Payroll	240 (40 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Manager-TAG Aggregate Year-to-Date: \$ 240.00		
Gerald B. Blough 132 Greenard Way South North Olmsted, OH 44070	Invacare Corporation	Twice Monthly via Payroll and 3/30/98	600 (100 each pay period) & 2,400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & COO Aggregate Year-to-Date: \$ 3,000.00		ok
Joseph B. Richey 2834 Courtland Boulevard Shaker Heights, OH 44122	Invacare Corporation	Twice Monthly via Payroll	1,249.96 (208.33 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP-TQM Aggregate Year-to-Date: \$ 1,249.96		
Louis F.J. Slangen 550 Hampshire Road Akron, OH 44313	Invacare Corporation	Twice Monthly via Payroll	1,249.96 (208.33 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. VP Sales & Mktg. Aggregate Year-to-Date: \$ 1,249.96		
Maurice L. Tabickman 483 North Street Chagrin Falls, OH 44022	Invacare Corporation	Twice Monthly via Payroll	870 (145 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. VP-Respiratory Aggregate Year-to-Date: \$ 870.00		
Thomas J. Buckley 29267 Nottingham Court Westlake, OH 44145	Invacare Corporation	3/30/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. VP-Continuing Care Aggregate Year-to-Date: \$ 1,000.00		
A. Melachi Nixon, III 2484 Stratford Road Cleveland Hts., OH 44118	Invacare Corporation	3/30/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman & CEO Aggregate Year-to-Date: \$ 5,000.00		

SUBTOTAL of Receipts This Page (optional)

12,609.92

TOTAL This Period (lead page this line number only)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of seeking contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) **Invacare Corporation Political Action Committee AKA Invapac** Nov 6, 9 27 AM '98

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William F. Corcoran 388 Bounty Way Avon Lake, OH 44012	Invacare Corporation	Twice Monthly Via Payroll	240.00 (40.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: General Manager - TAG	Aggregate Year-to-Date > \$ 720.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gerald B. Blough 30700 Lake Road Bay Village, OH 44140	Invacare Corporation	N/A	None
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: President + COO	Aggregate Year-to-Date > \$ 3,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph B. Richey 7325 Stump Hollow Lane Chagrin Falls, OH 44022	Invacare Corporation	5/28/98 Originally reported in July 7/19/98	5,000.00 MEMO (2,500.00) MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Senior VP - TQM	Aggregate Year-to-Date > \$ 3,750.00 (reattributed below)	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gayle G. Richey (same as above)	Invacare Corporation	7/19/98	2,500.00 MEMO REATTRIBUTION
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Homemaker	Aggregate Year-to-Date > \$ 2,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Louis F.J. Slangen 550 Hampshire Road Akron, OH 44313	Invacare Corporation	Twice Monthly Via Payroll	1,250.04 (208.34 each pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Sr. VP - Sales Marketing	Aggregate Year-to-Date > \$ 3,750.04	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Maurice L. Tabickman 483 North Street Chagrin Falls, OH 44022	Invacare Corporation	Twice Monthly Via Payroll	900.00 (150.00 each pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Sr. VP - Respiratory	Aggregate Year-to-Date > \$ 2,670.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas J. Buckley 29267 Nottingham Court Westlake, OH 44145	Invacare Corporation	N/A	NONE
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Sr. VP - Continuing Care	Aggregate Year-to-Date > \$ 1,000.00	

TOTAL of Receipts This Page (optional) **2,390.04**

All This Period (last page this line number only)

Rec'd 11/3/98



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Jerome E. Fox, Jr., Treasurer
Invacare Corporation Political Action
Committee AKA Inva PAC
One Invacare Way
Elyria, OH 44035

OCT 28 1998

Identification Number: C00249896

Reference: July Quarterly Report (4/1/98-6/30/98)

Dear Mr. Fox:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

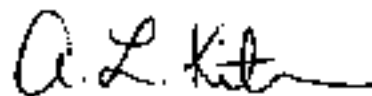
Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-For future reporting, please be advised that only contributions to federal candidates and political committees should be itemized on a separate Schedule B supporting Line 23 of the Detailed Summary Page. Contributions to non-federal candidates and committees should be itemized on Schedule B supporting Line 29.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,



Antoinette Kitchen
Reports Analyst
Reports Analysis Division

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>11-6-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Self</i> PREPARER	<i>11-6-98</i> DATE PREPARED