

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)

C00249896 110394 P 247

KATHLEEN A SCHWARTZER
INVACARE CORPORATION POLITICAL
ACTION COMMITTEE AND INVA PAC
809 CLEVELAND STREET
COLUMBUS OH 43226

Dec 13 11 37 AM '94

2. FEC IDENTIFICATION NUMBER
C00249896

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

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on

November 8, 1994 in the State of **Ohio**

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	October 20, 1994 through November 28, 1994		
6. (a) Cash on Hand	January 1, 1994		\$ 12,381.69
(b) Cash on Hand at Beginning of Reporting Period		\$ 3,156.21	
(c) Total Receipts (from Line 19)		\$ 1,715.57	\$ 29,740.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 4,871.78	\$ 42,121.78
7. Total Disbursements (from Line 30)		\$ 250.00	\$ 37,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 4,621.78	\$ 4,621.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	

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

Type or Print Name of Treasurer
Kathleen A. Schwartzer

Signature of Treasurer

Kathleen A. Schwartzer

Date

12/7/94

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

FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Invacare Corporation Political Action Committee AKA InvaPAC C00249896		REPORT COVERING PERIOD	
		FROM	TO
		10/20/94	11/28/94
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		1,366.64	22,363.52
ii. Unitemized		335.50	7,171.80
iii. Total		1,702.14	29,535.32
..... (add i and ii) >			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions		1,702.14	29,535.32
..... (add a iii, b and c) >			
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		13.43	204.77
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts		1,715.57	29,740.09
..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
20. Total Federal Receipts		1,715.57	29,740.09
..... (subtract line 18 from line 19) >			
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		250.00	37,500.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds			
..... (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements		250.00	37,500.00
..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
31. Total Federal Disbursements		250.00	37,500.00
..... (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		1,702.14	29,535.32
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)		1,702.14	29,535.32
35. Total Federal Operating Expenditures		0	0
..... (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures		0	0
..... (subtract line 36 from 35) >			

9 4 0 3 9 0 3 2 2 9 7

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee AKA InvaPAC C00249896

94032300

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher C. Allard 1731 Markham Glen Circle Longwood, FL 32779	Invacare Corporation	twice monthly payroll deduction	\$41.66 (\$20.83 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Unit Manager Aggregate Year-to-Date: \$351.96		
Gerald B. Blouch 5790 Great Northern Blvd. #D1 N. Olmsted, OH 44070	Invacare Corporation	twice monthly payroll deduction	\$130.00 (\$65 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Home Care Aggregate Year-to-Date: \$1,310.00		
William Corcoran 388 Bounty Way Avon Lake, OH 44012	Invacare Corporation	twice monthly payroll deduction	\$75.00 (\$37.50 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Unit Leader Aggregate Year-to-Date: \$700.00		
Carol A. Hanlon 6544 Debbie Dr. N. Ridgeville, OH 44039	Invacare Corporation	twice monthly payroll deduction	\$46.00 (\$23 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager-Compensation Aggregate Year-to-Date: \$322.00		
Louis J. Hyster 703 Oakherst Dr. Allerport, OH 44101	Invacare Corporation	twice monthly payroll deduction	\$50.00 (\$25 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Toolroom Manager Aggregate Year-to-Date: \$45.00		
Florian Kete 336 Walmar Dr. Bay Village, OH 44140	Invacare Corporation	twice monthly payroll deduction	\$41.66 (\$20.83 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director Mkt. Develop. Aggregate Year-to-Date: \$291.62		
Kent R. Kluth 905 Laurel Glens Medina, OH 44256	Invacare Corporation	twice monthly payroll deduction	\$194.00 (\$97 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President MIS Aggregate Year-to-Date: \$1,833.00		

SUBTOTAL of Receipts This Page (optional) \$578.32

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 2 OF 3
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

Invacare Corporation Political Action Committee AKA InvaPAC C00249896

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim McMullen 43114 Kipton Nickle Plate LaGrange, OH 44050 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Vice President-Sales Admin Aggregate Year-to-Date > \$261.00	twice monthly payroll deduction	\$30.00 (\$15 per pay period)
Richard A. Sayers III 7334 Arborwood Hudson, OH 44236 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Vice President-HR Aggregate Year-to-Date > \$825.00	twice monthly payroll deduction	\$150.00 \$75 per pay period
Louis F. J. Slangen 550 Hampshire Rd. Akron, OH 44313 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: President-Rehab Aggregate Year-to-Date > \$1,166.62	twice monthly payroll deduction	\$166.66 (\$83.33 per pay period)
Mark C. Sullivan 707 Lincoln St. Arherst, OH 44001 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Marketing Director Aggregate Year-to-Date > \$260.00	twice monthly payroll deduction	\$20.00 (\$10 per pay period)
M. L. Tabickman 403 North St. Chagrin Falls, OH 44022 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: President-Canada Aggregate Year-to-Date > \$2,000.00	twice monthly payroll deduction	\$200.00 (\$100 per pay period)
Alan D. Wainscott 32388 Stoney Brook Avon Lake, OH 44012 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: Vice President-Engineering Aggregate Year-to-Date > \$500.00	twice monthly payroll deduction	\$50.00 (\$25 per pay period)
Otnar Weber 10807 Sheldon Wds W. Elk Grove, CA 95624 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation: General Manager Aggregate Year-to-Date > \$266.00	twice monthly payroll deduction	- 0 - (\$20 per pay through 8/15/99)

SUBTOTAL of Receipts This Page (optional)	\$616.66
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 3 OF 3
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Invacare Corporation Political Action Committee AKA InvaPAC C00249896

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David T. Williams 901 Shadylawn Amherst, OH 44001	Invacare Corporation	twice monthly payroll deduction	\$41.66 (\$20.83 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director - Communications Aggregate Year-to-Date: \$417.62		
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 Orlando, FL 32765	Invacare Corporation	twice monthly payroll deduction	\$20.00 (\$10.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Plant Manager 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
Robert J. Dietrich 39423 Chestnut Ridge Elyria, OH 44035	Invacare Corporation	twice monthly payroll deduction	\$20.00 (\$10.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Plant Manager Aggregate Year-to-Date: \$220.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M. Ferlance 330 Willow Green Trail Copley, OH 44321	Invacare Corporation	twice monthly payroll deduction	\$20.00 (\$10.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director - Systems Development Aggregate Year-to-Date: \$210.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda A. Jarven 2178 Atkins Lakewood, OH 44107	Invacare Corporation	twice monthly payroll deduction	\$20.00 (\$10.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager - Internal Training Aggregate Year-to-Date: \$220.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence L. Kovacs 190 Glenview Drive Avon Lake, OH 44012	Invacare Corporation	twice monthly payroll deduction	\$30.00 (\$15.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Manager Dynamic Controls Aggregate Year-to-Date: \$210.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen Schwartzer 2952 Southwood Drive Westlake, OH 44145	Invacare Corporation	twice monthly payroll deduction	\$20.00 (\$10.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Division Controller Aggregate Year-to-Date: \$220.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	\$1,366.64

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

12-8-94

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

under DATE OF RECEIPT

ALS

PREPARED

12-13-94

DATE PREPARED

940339332304