

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 19 2 23 PM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT NAME

1. NAME OF COMMITTEE (in full)
 C00249896 052996
 JEROME E FOX JR
 INVAGARE CORPORATION POLITICAL
 ACTION COMMITTEE AKA INVA PAC
 899 CLEVELAND STREET
 ELYRIA OH 44036

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 _____
 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	4/1/96 through 6/30/96		
6. (a) Cash on Hand January 1, 1996			\$ 9,435.68
(b) Cash on Hand at Beginning of Reporting Period		\$ 8,587.40	
(c) Total Receipts (from Line 19)		\$ 28,453.80	\$ 34,105.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 37,041.20	\$ 43,451.20
7. Total Disbursements (from Line 30)		\$ 20,500.84	\$ 27,000.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 16,540.36	\$ 16,540.36
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 20483 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: JEROME E. FOX JR			
Signature of Treasurer:			Date: 7/15/96

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

INMACAPE CORPORATION Political Action Committee

REPORT COVERING PERIOD

FROM April 1, 1996 TO June 30, 1996

	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)	23,475.06	26,265.06
ii. Unitemized	4,817.64	7,549.64
iii. Total (add i and ii) >	28,292.70	33,814.70
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	28,292.70	33,814.70
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.)	161.10	290.82
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	28,453.80	34,105.52
20. Total Federal Receipts (subtract line 18 from line 19) >	28,453.80	34,105.52
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	20,500.84	27,000.84
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) >	20,500.84	27,000.84
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	20,500.84	27,000.84
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	20,500.84	27,000.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans) (subtract line 33 from 32)	20,500.84	27,000.84
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 11(a)(2)

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 INVADAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER C. ALLARD 771 KENNELANDS PIKE CIRCLE LAKE MARY, FL 32746	INVACARE CORPORATION	Twice monthly via Payroll	125.06 (20.83 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP- OPERATIONS	Aggregate Year-to-Date: \$ 250.04	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD P. ANDERSEN 3255 SMOKEY RIDGE WAY CAEMEL, IND. 46032	INVACARE CORPORATION	Twice monthly via Payroll	300 (50 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V-P RESPIRATORY	Aggregate Year-to-Date: \$ 300	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERARD B. BLANCH 5970 Great Northern Blvd # 01 North Olmsted, OH 44070	INVACARE CORP.	4/1/96 and twice monthly Payroll	1800 300 (50 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: COO	Aggregate Year-to-Date: \$ 2100	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OLIVER BOONE P.O. Box 89 GARTISON N.Y. 10524	INVACARE CORPORATION		- 0 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General MANAGER	Aggregate Year-to-Date: \$ 300	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY LEE BOWEN 4783 TIRSEMANS RD BROOKLYN OHIO 44144	INVACARE CORPORATION	4/30/96	200
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Unit MGR.	Aggregate Year-to-Date: \$ 200	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS DUCKLEY 29267 NOTINGHAM CT. WESTLAKE, OHIO 44145	INVACARE CORP.	4/30/96	1000
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V-P SLS Products	Aggregate Year-to-Date: \$ 1000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FERRIS J. CALAHAN 3195 Roundwood Rd. Hunting Valley, Ohio 44022	CREATING FITTINGS Delete - INVACARE	4/30/96	1,000
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: \$	

SUBTOTAL of Receipts This Page (optional) 4725.06

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER 11(a)

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)

INMACOR CORPORATION Political Action Committee

A. 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 Dr. Cleveland HTS, OHIO 44106	McDONALD & Co Director - INMACOR	4/30/96	1000
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>MANAGING Director</u>	Aggregate Year-to-Date: \$ 1000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD S. COMPTON 3917 LINDA RD. RUCKY ZINN, OHIO 44116	INMACOR CORP.	4/30/96	600
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Dir. Employee Relations</u>	Twice monthly payroll	(3 Per Pay Period)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAYNE M. COMSTOCK 336 GREENWICH DR. AVON LAKE OHIO 44012	INMACOR	4/1/96	200
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>MGR - PAYROLL</u>	Aggregate Year-to-Date: \$ 200	
D. 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, OHIO 44012	INMACOR		240
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Business Director</u>	Twice monthly via payroll	(40 Per Pay Period)
E. 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 OHIO 44846	INMACOR	4/1/96	500
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Dir. Corp. Purchasing</u>	Aggregate Year-to-Date: \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WHITNEY EVANS 4460 GRACE ST. SONOMA, CA. 95476	INMACOR BOARD of Directors	4/30/96	600
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Board of Directors</u>	Aggregate Year-to-Date: \$ 600	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLORIAN KETE 336 WALNUT DR. Bay Village, OH 44140	INMACOR CORPORATION		100.02
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Dir. Mkt. Development</u>	Twice monthly via payroll	(16.67 Per Pay Period)
Aggregate Year-to-Date: \$ 200.00			

SUBTOTAL of Receipts This Page (optional)

3240.02

TOTAL This Period (last page this line number only)

n/a

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 1162

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)

INVA CARE CORPORATION Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHLEEN LANGRISH 14624 BIRCHWOOD DR. CLEVE. OHIO 44111	INVA CARE	5/15/96	200
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Controller - S.P. Products Aggregate Year-to-Date: \$ 200		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. MALACHI MIXON, III 2484 STRATFORD RD CLEVE. HTS, OHIO 44118	INVA CARE	4/15/96	5000
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President CEO, chairman Aggregate Year-to-Date: \$ 5000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Parsons 11000 DELL RSW DRIVE GRAFTON, OHIO 44044	INVA CARE	5/1/96	1500
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V-P SALES Aggregate Year-to-Date: \$ 1500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH B. RICHY 2834 COURTNEY BLVD. SHAKER HTS, OHIO 44122	INVA CARE	4/30/96	1000
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Service VP - TOM Aggregate Year-to-Date: \$ 5000	6/15/96	4000
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. SAYLES II 7334 ANSONWOOD MUSKOGEE, OHIO 44236	INVA CARE	Twice monthly via payroll	450 (75 hr pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V-P of HR Aggregate Year-to-Date: \$ 900		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis F. J. Slaughter 550 Hampshire Rd Akron Ohio 44313	INVA CARE	Twice monthly via payroll	1249.98 (208.33 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - Sales / mktg Aggregate Year-to-Date: \$ 1949.98		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Sullivan 4257 Berkeley Dr Sheffield Village, Ohio 44054	INVA CARE	4/30/96	200
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Treasury MGR Aggregate Year-to-Date: \$ 200		

SUBTOTAL of Receipts This Page (optional)

13599.98

TOTAL This Period (last page this line number only)

NA

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 14
FOR LINE NUMBER 1165(2)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAURICE L. TADLOCK 483 NORTH STREET CHAGIN FALLS, OHIO 44022	Invacare	Twice monthly via Payroll	810 (135 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V-P Rehab Aggregate Year-to-Date: \$ 1560		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Wanscott 3238 STONEY BROOK AVALON LAKE, OHIO 44012	Invacare	Twice monthly Payroll	150 (25 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: \$ 300		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theodore Wakefield 5626 Huron St. VERMILION OHIO 44089	Invacare	Twice monthly via Payroll	300 (50 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - Electronics Aggregate Year-to-Date: \$ 300		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Weber 3200 Rouswars Rd Chagin Falls, OH 44022	Rouswars Capital Invacare Board member	4/30/98	500
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: \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Davis T. Williams 901 Shoreland Amherst, Ohio 44017	Invacare	Twice monthly via Payroll	150 (25 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir of Communications Aggregate Year-to-Date: \$ 300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date: \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date: \$		

SUBTOTAL of Receipts This Page (optional)

1910

TOTAL This Period (last page this line number only)

23475.06

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
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)

INVACARE CORPORATION Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF MAX BAUCUS 203 C STREET N.E. WASHINGTON D.C. 20002	R - Montana Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/96	2000
NEW REPUBLICAN MAJORITY FUND 3001 PARK GREEN DRIVE #1105 Alexandria VA 22302	1996 GALA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/96	1,000
Bility For Congress P.O. Box 17095 Richmond, Virginia 23226	R - 7th VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/96	1,000
GRASSLEY P-2 Committee P.O. Box 6193 Alexandria VA 22306	R - Iowa Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/96	1000
John Ensign For Congress 8917 STAFFORD SPRINGS DR. LAS VEGAS, NV 89134	R - NV 1st Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/96	1000
FRIENDS OF ANABERG SEASTRANS FOR CONGRESS 1212 N. VERNON ST ARLINGTON VA 22201	R - 22nd CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/96	250
Peter Blate for Congress Committee 1212 N. VERNON ARLINGTON VA 22201	R - 3rd MA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/96	250
Loulay for Congress Committee 1212 N. VERNON ST ARLINGTON VA 22201	R - 1st MAINE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/96	250
MARTIN FAUST CAMPAIGN COMM. P.O. Box 4219 Dallas Texas 75208	24th - Texas Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/96	1000

SUBTOTAL of Disbursements This Page (optional)

7750

TOTAL This Period (last page this line number only)

119

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
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)

INVACAN 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
<i>HUSSON FOR CONGRESS 82 W. Columbia Springfield, Ohio 45502</i>	<i>R - Ohio 7th</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/6/96</i>	<i>2500</i>
<i>REPUBLICAN MAJORITY FUNDS P.O. Box 19897 Alexandria VA</i>	<i>Campaign Breakfast</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/6/96</i>	<i>1000</i>
<i>FRIENDS OF CONNIE MACK 1311 N. WESTSHORE BLVD. Suite 313 TAMPA FL 33607</i>	<i>R - FLORIDA</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/6/96</i>	<i>1000</i>
<i>DEMOCRATIC NATIONAL COMMITTEE 430 SOUTH CAPITAL SE. WASHINGTON D.C. 20003</i>	<i>D NICE GALA</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/6/96</i>	<i>2000</i>
<i>PETER DEUTSCH FOR CONGRESS P.O. Box 817689 HOLLYWOOD FLORIDA 33081-7689</i>	<i>D - 20th Florida</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/7/96</i>	<i>1000</i>
<i>GERHARDT IN CONGRESS COMMITTEE 6358 PENNSYLVANIA AVE. SE WASHINGTON DC 20003</i>	<i>D - 3 - MO</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/7/96</i>	<i>2000</i>
<i>LA TOUCETTE FOR CONGRESS COMMITTEE P.O. Box 24567 LYONCHESTER, OHIO 44124</i>	<i>R - OHIO 19th</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/7/96</i>	<i>1000</i>
<i>GERHARDT IN CONGRESS COMMITTEE 6358 PENNSYLVANIA AVE S.E. WASHINGTON DC 20003</i>	<i>Indian Contribution for Unchecked Expenses</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/10/96</i>	<i>1250.84</i>
<i>TIM JOHNSON FOR SOUTH DAKOTA 328 O STREET WASHINGTON D.C. 20003</i>	<i>1ST - SOUTH D</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/21/96</i>	<i>1,000</i>

SUBTOTAL of Disbursements This Page (optional)

12750.84

TOTAL This Period (last page this line number only)

20150.84

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

7-15-96

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

and/or DATE OF RECEIPT

SES
PREPARER

7-19-96
DATE PREPARED