

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

ADDRESS (number and street)

ONE INVACARE WAY

(Check if address is changed)

ELYRIA

OH

44035

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

invapac@invacare.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

4403263457

2. DATE

01 / 24 / 2007

3. FEC IDENTIFICATION NUMBER

C C00249896

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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 Electronically Filed by Jerome E Fox, Jr.

Date 01 / 24 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**INVACARE CORPORATION**  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address **ONE INVACARE WAY** \_\_\_\_\_

\_\_\_\_\_

**ELYRIA**  **OH**  **44035** -

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **CONNECTED** \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

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

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Jerome E Fox, Jr.

Mailing Address Invacare Corporation  
One Invacare Way  
Elyria OH 44035 -

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 440 - 329 - 6102

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Jerome E Fox, Jr.

Mailing Address Invacare Corporation  
One Invacare Way  
Elyria OH 44035 -

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 440 - 329 - 6102

Full Name of Designated Agent Gregory C. Thompson

Mailing Address Invacare Corporation  
One Invacare Way  
Elyria OH 44035 -

Title or Position ▼ **ASST TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 440 - 329 - 6111

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

National City Bank

Mailing Address

P.O. Box 5756

Cleveland

OH

44101

CITY ▲

STATE ▲

ZIP CODE ▲