

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

C00249896 060499 P 271
 JEROME E FOX JR
 INVACARE CORPORATION POLITICAL
 ACTION COMMITTEE AKA INVA PAC
 ONE INVACARE WAY
 ELYRIA OH 44035

FEDERAL ELECTION COMMISSION MAIL ROOM

AUG 2 11 12 AM '99

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

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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1/1/99 through 6/30/99		
6. (a) Cash on Hand January 1, 1999		\$ 17,671.46
(b) Cash on Hand at Beginning of Reporting Period	\$ 17,671.46	
(c) Total Receipts (from Line 19)	\$ 27,072.69	\$ 27,072.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 44,744.15	\$ 44,744.15
7. Total Disbursements (from Line 30)	\$ 23,500.00	\$ 23,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 21,244.15	\$ 21,244.15
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 389 E Street, NW Washington, DC 20463 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)	\$	

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

7/28/99

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 <i>InVicare Political Action Committee AKA INVA PAC</i>		REPORT COVERING PERIOD FROM <i>1/1/99</i> TO <i>6/30/99</i>		
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	<i>21,669.72</i>	<i>21,669.92</i>	11(b)(1)
ii.	Unitemized	<i>4,968.67</i>	<i>4,968.67</i>	11(b)(2)
ii.	Total (add i and ii) >	<i>26,638.59</i>	<i>26,638.59</i>	11(b)(3)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	<i>26,638.59</i>	<i>26,638.59</i>	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	<i>434.10</i>	<i>434.10</i>	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>27,072.69</i>	<i>27,072.69</i>	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	<i>27,072.69</i>	<i>27,072.69</i>	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	<i>23,500.00</i>	<i>23,500.00</i>	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >	<i>23,500.00</i>	<i>23,500.00</i>	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>23,500.00</i>	<i>23,500.00</i>	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	<i>26,538.51</i>	<i>26,538.51</i>	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	<i>26,538.51</i>	<i>26,538.51</i>	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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 committees.

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
James M. An Koviak 3732 Greenbriar Circle Westlake, OH 44145	Invacare Corporation	Twice monthly via payroll	\$300.00 (\$25.00 each pay)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir of operations - Patient + Adm	Aggregate Year-to-Date > \$300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Blouch 30700 Lake Rd Bay Village, OH 44140	Invacare Corporation	Twice monthly via payroll	\$2,499.96 (\$208.33 each pay)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$2,499.96	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William F. Carcorn 388 Bounty Way Avon Lake, OH 44012	Invacare Corporation	Twice monthly via payroll	\$480.00 (\$40.00 each pay)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General mgr - TAG	Aggregate Year-to-Date > \$480.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren David Lowery 3326 Hadleigh Crest Orlando, FL 32817	Invacare Corporation	Twice monthly via payroll	\$240.00 (\$20.00 each pay)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir of operations - Respiratory	Aggregate Year-to-Date > \$240.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hymie H. Pagir 121 Stonebrooke Oval Orange Village, OH 44122	Invacare Corporation	Twice monthly via payroll	\$240.00 (\$20.00 each pay)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Marketing - Power	Aggregate Year-to-Date > \$240.00	
F. 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 Rd Aixon,	Invacare Corporation	Twice monthly via payroll	\$2,499.96 (\$208.33 per pay)
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 > \$2,499.96	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David F. Williams 901 Shadytown Drive Amherst, OH 44001	Invacare Corporation	Twice monthly via payroll	\$480.00 (\$40.00 per pay)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. of Gov't Relations	Aggregate Year-to-Date > \$480.00	

SUBTOTAL of Receipts This Page (optional)

6,739.92

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

11(a)(i)

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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
<p><i>Erle Dail</i> <i>PO Box 62</i> <i>Milan, OH 44841</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Invacare Corporation</i></p> <p>Occupation <i>VFA GM - Canada</i></p> <p>Aggregate Year-to-Date <i>> \$600.00</i></p>	<p><i>Twice monthly via payroll</i></p>	<p><i>\$600.00</i> <i>(\$50.00 per pay)</i></p>
<p><i>John Dmytriw</i> <i>7439 Lauren S Drive</i> <i>Mentor, OH 44060</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Invacare Corporation</i></p> <p>Occupation <i>Dir. Operations - Rehab</i></p> <p>Aggregate Year-to-Date <i>> \$300.00</i></p>	<p><i>Twice monthly via payroll</i></p>	<p><i>\$300.00</i> <i>(\$25.00 per pay)</i></p>
<p><i>Jerome E. Fox, Sr.</i> <i>441 Woodridge Circle</i> <i>Berea, OH 44017</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Invacare Corporation</i></p> <p>Occupation <i>Corporate Tax Director</i></p> <p>Aggregate Year-to-Date <i>> \$240.00</i></p>	<p><i>Twice monthly via payroll</i></p>	<p><i>\$240.00</i> <i>(\$20.00 per pay)</i></p>
<p><i>David Pessel</i> <i>32850 MLW</i> <i>Pepper Pike, OH 44124</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Invacare Corporation</i></p> <p>Occupation <i>CEO</i></p> <p>Aggregate Year-to-Date <i>> \$240.00</i></p>	<p><i>Twice monthly via payroll</i></p>	<p><i>\$240.00</i> <i>(\$20.00 per pay)</i></p>
<p><i>Maurice L. Tabickman</i> <i>6 Cours de L'Armarial</i> <i>3700 TOURS FRANCE</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Invacare Corporation</i></p> <p>Occupation <i>President - Invacare Europe</i></p> <p>Aggregate Year-to-Date <i>> \$1800.00</i></p>	<p><i>Twice monthly via payroll</i></p>	<p><i>\$1,800.00</i> <i>(\$150.00 per pay)</i></p>
<p><i>Thomas J Buckley</i> <i>29367 Nottingham Ct</i> <i>Westlake, OH 44145</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Invacare Corporation</i></p> <p>Occupation <i>Sr VP - Standard Products</i></p> <p>Aggregate Year-to-Date <i>> \$6,000.00</i></p>	<p><i>4-4-99</i></p>	<p><i>4,000.00</i></p>
<p><i>A. Malachi Nixon III</i> <i>3105 Topping Lane</i> <i>Hunting Valley, OH 44022</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Invacare Corporation</i></p> <p>Occupation <i>Chairman & CEO</i></p> <p>Aggregate Year-to-Date <i>> \$5,000.00</i></p>	<p><i>4-9-99</i></p>	<p><i>\$5,000.00</i></p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p><i>9,180.00</i></p>
<p>TOTAL This Period (last page this line number only)</p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Invacare Political Action Committee AKA Invapec

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Larry Steward 2134 JESSIE DR. HUDSON, OH 44236</i>	<i>Invacare Corporation</i>	<i>4-6-99</i>	<i>\$ 250.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>VP Human Resources</i>		
	Aggregate Year-to-Date > <i>\$ 250.00</i>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Thomas V. Wiegand 633 Wesley Circle Aston Lake, OH 44021</i>	<i>Invacare Corporation</i>	<i>4-16-99</i>	<i>\$ 250.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>Corporate Group Controller</i>		
	Aggregate Year-to-Date > <i>\$ 250.00</i>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Michael A. Pally 31755 Leeward Ct Aston Lake, OH 44012</i>	<i>Invacare Corporation</i>	<i>5-16-99</i>	<i>\$ 250.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>VP-distributed products</i>		
	Aggregate Year-to-Date > <i>\$ 250.00</i>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Joseph B. Richey 7325 Stump Hollow Lane Chagrin Falls, OH 44022</i>	<i>Invacare Corporation</i>	<i>6-8-99</i>	<i>\$ 5,000.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>Senior VP</i>		
	Aggregate Year-to-Date > <i>\$ 5,000.00</i>		
E. 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):			
	Aggregate Year-to-Date > <i>\$</i>		
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):			
	Aggregate Year-to-Date > <i>0</i>		
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):			
	Aggregate Year-to-Date > <i>\$</i>		

SUBTOTAL of Receipts This Page (optional)	<i>5,750.00</i>
TOTAL This Period (last page this line number only)	<i>21,669.92</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

InvaCare Political Action Committee AKA InvaPac

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dewine for US Senate P.O. Box 340188 Columbus, OH 43234	Ohio - U.S. Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-9-99	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Names/PAC 625 Slaters Lane Alexandria, VA 22314	Purpose of Disbursement PAC to PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-19-99	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Kosich 2000 2021 E. Dublin Grandville Rd Suite 2000 Columbus, OH 43229	Purpose of Disbursement Presidential Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-10-99	\$5,000.00
D. Full Name, Mailing Address and ZIP Code HIDAPAC 66 Canal Center Suite 520 Alexandria, VA 22314	Purpose of Disbursement Multicandidate Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-30-99	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Democratic Leaders Victory Fund 7435 Watson Rd St Louis, MO 63119	Purpose of Disbursement Multicandidate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-9-99	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Sherrad Brown 2625 E Erie St Lafair, OH 44052	Purpose of Disbursement Ohio - US House 13th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Dash/PAC 424 C Street NE 1st Floor Washington, DC 20002	Purpose of Disbursement S.D - US Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$5,000.00
H. Full Name, Mailing Address and ZIP Code Kerry for US Senate 7602 Pacific St. LL103 Omaha NE 68114	Purpose of Disbursement NE - US Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$500.00
I. Full Name, Mailing Address and ZIP Code Kennedy for Senate 227 Mass. Ave NE Ste 302 Washington, DC 20002	Purpose of Disbursement MA - US Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$500.00

SUBTOTAL of Disbursements This Page (optional)

\$16,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Inster For Congress P.O. Box 33087 Seattle WA 98133	WA - US House - 1st Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$500.00
Mainstream America PAC 110 B East Broad St Falls Church, VA 22046	LA - US Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$1,000.00
Martin Frost Campaign Committee P.O. Box 4219 Dallas, TX 75208-0219	TX - US House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$500.00
Exsign For Senate P.O. Box 26568 Las Vegas, NV 89126	NV - US Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$1,000.00
La Tourette for Congress P.O. Box 24567 Lyndhurst, OH 44125	OH - US House 19th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$500.00
Weygand Committee P.O. Box 7818 Warwick, RI 02887	RI - US Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$500.00
Trent Lott For Mississippi 1301 Pennsylvania Ave Washington, DC 20004	MI - US Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$2,000.00
Peter Deutsch For Congress P.O. Box 817689 Hollywood, FL 33081	FL - US House 20th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$500.00
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	CA - US House 21st Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$7,500.00
TOTAL This Period (last page this line number only)			\$23,500.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/28/99
<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	

[Signature]
PREPARER

[Signature] 8/10/99
DATE PREPARED