

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

REGULATED
FEDERAL ELECTION
COMMISSION

Oct 19 11 20 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7/1/98 through 9/30/98		
6. (a) Cash on Hand January 1, 1998			\$ 16,265.73
(b) Cash on Hand at Beginning of Reporting Period		\$ 35,023.42	
(c) Total Receipts (from Line 19)		\$ 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 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)		\$ 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. §437g.

FEC FORM 3X
(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

INVACARE Corporation Political Action Committee

REPORT COVERING PERIOD

FROM July 1

TO September 30

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)	3798.04	30,651.91	11(a)
ii. Unitemized	1,393.04	7,785.82	11(b)
iii. Total (add i and ii) >	5,191.04	38,437.73	11(c)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)			11(e)
d. Total Contributions (add a iii, b and c) >	5,191.04	38,437.73	11(f)
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.)	347.97	858.97	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,539.01	39,296.70	19
20. Total Federal Receipts (subtract line 18 from line 19) >	5,539.01	39,296.70	20

II. Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(d)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,250.00	37,250.00	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. Individual/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 21d, 22, 23, 24, 25, 26, 27, 28d, and 29) >	22,250.00	37,250.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	22,250.00	37,250.00	31

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	5,191.04	38,437.73	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,191.04	38,437.73	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 OF 5
FOR LINE NUMBER 11(a)(f)

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 Invacpac

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 7/19/98 (originally reported in July)	5,000.00 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. 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 <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		

SUBTOTAL of Receipts This Page (optional)

2,390.04

TOTAL This Period (see page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 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
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 971 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/Bus. K... 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

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

PAGE 3 OF 5

FOR LINE NUMBER

11(c)(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 type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	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 type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	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 type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	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 type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	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 type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	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 3000 Roundwood Rd. Chagrin Falls, OH 44022	Roundwood Capital/ Invacare Corporation	N/A	NONE
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	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 type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Director Gov't Relations	Aggregate Year-to-Date > \$ 630.00	

SUBTOTAL of Receipts This Page (optional)

318.00

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 4 OF 5
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 333 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: ViciPics - 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: \$ 300.00		
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 Invespac

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 Asburg Park Drive Roswell, GA 30075	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: Area Vice President Aggregate Year-to-Date > \$ 235.06		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Wright 1326 W 36th St. San Pedro, CA 90731	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: Area Vice President-Sales Aggregate Year-to-Date > \$ 215.00		
C. 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 > \$		
D. 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 > \$		
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):	Occupation: Aggregate Year-to-Date > \$		
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)

120.00

TOTAL This Period (last page this line number only)

3,798.04

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use 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)

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
Hollister for Congress 107 Traquis 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
B. Full Name, Mailing Address and ZIP Code 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
C. Full Name, Mailing Address and ZIP Code 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
D. Full Name, Mailing Address and ZIP Code Ohio House Republican Campaign Comm. P.O. Box 15775 Columbus, OH 43215-9808	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
E. Full Name, Mailing Address and ZIP Code Friends of Max Cleland for U.S. Senate, Inc. 3446 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
F. Full Name, Mailing Address and ZIP Code 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
G. Full Name, Mailing Address and ZIP Code 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
H. Full Name, Mailing Address and ZIP Code BAK/PAK 7603 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
I. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee 4491 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

Use 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)

Invscore 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 Capitol 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 1212 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 72225	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

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

PAGE **3** OF **3**

FOR LINE NUMBER

23

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NAME OF COMMITTEE (in Full)

Invacore 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
<p>A Lot of People Supporting Tom Daschle 424 C Street NE Washington, D.C. 20002</p>	<p>South Dakota - U.S. Senate</p>	<p>9/25/98</p>	<p>5,000.00</p>
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 this line number only)

22,250.00

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
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<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
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