

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 3 9 56 AM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) 000249375 130493 p 260 JEROME E FOX JR INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC 509 CLEVELAND STREET ELYRIA OH 44036		2. FEC IDENTIFICATION NUMBER 000249896
		3. <input checked="" type="checkbox"/> 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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> 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 <u>7/1/95</u> through <u>12/31/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 7,050.08
(b) Cash on Hand at Beginning of Reporting Period	\$ 20,867.52	
(c) Total Receipts (from Line 1B)	\$ 13,068.16	\$ 37,885.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 33,935.68	\$ 46,935.68
7. Total Disbursements (from Line 3D)	\$ 24,500.00	\$ 37,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 9,435.68	\$ 9,435.68
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 889 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

JEROME E FOX JR

Signature of Treasurer

Date

1-30-96

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE <i>INVAPARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVAPAC</i>		REPORT COVERING PERIOD FROM <i>7/1/95</i> TO <i>12/31/95</i>	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees		
i.	Itemized (Use Schedule A)	8,996.00	28,998.92
ii.	Unitemized	5,630.30	10,184.70
iii.	Total (add i and ii)	12,626.30	39,183.62
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a, b and c)	12,626.30	39,183.62
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.)	441.86	701.98
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	13,068.16	39,885.60
20.	Total Federal Receipts (subtract line 18 from line 19)	13,068.16	39,885.60
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, ii, and b)		
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	24,500.00	37,500.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (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 (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	24,500.00	37,500.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30)	24,500.00	37,500.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	12,626.30	39,183.62
33.	Total Contribution Refunds (from line 28d)	0	0
34.	Net Contributions (other than loans) (subtract line 33 from 32)	12,626.30	39,183.62
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 5
FOR LINE NUMBER 1121

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C00249896

NAME OF COMMITTEE (in Full)

INVACARE Corporation Financial Action Committee AKA INVACAPAC

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 Westhampton Blvd #111 Lutz, FL 32779	Invacare Corporation	twice monthly payroll deduction	249.96 (622.43 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: V.P. Operations	Aggregate Year-to-Date > \$ 499.92	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lyndell D. ... 5799 ... Nashville, TN 37215	INVACARE CORPORATION		\$
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Chief Operating Officer	Aggregate Year-to-Date > \$ 2,892.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles NY 10501	Invacare Corporation	twice monthly payroll deduction	600.00 (550.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: General Manager	Aggregate Year-to-Date > \$ 950.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Bodnarke 9841 Washington Oviedo, FL 32765	Invacare Corporation	twice monthly payroll deduction	120.00 (410.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Plant Manager	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
Thomas J. Buckley 29267 Nottingham Court Westlake, OH 44145	Invacare Corporation		\$
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: General Manager	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
Donald W. ... 5672 ... Solon, OH 44139	INVACARE CORPORATION		\$
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: General Manager	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jayne M CONROY 336 Green Briar Dr Asheville, NC 28702	Invacare Corporation	twice monthly payroll deduction	120.00 (510.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Physical Manager	Aggregate Year-to-Date > \$ 510.00	

SUBTOTAL of Receipts This Page (optional)

1,089.96

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 5

FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

Invocon Corporation Political Action Committee NPA ZINAPAC

C-00249375

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, Ohio 44012	Invocon Corporation	twice monthly payroll deductions	480.00 (440.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: VP Customer Service	Aggregate Year-to-Date: \$ 745.00	
<input type="checkbox"/> Other (specify):			
B. 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 Lepia, Ohio 44135	Invocon Corporation	twice monthly payroll deductions	120.00 (40.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Plant Worker	Aggregate Year-to-Date: \$ 243.00	
<input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Dmytriw 7439 Lauran J. Drive Mentor, OH 44060	Invocon Corporation	twice monthly payroll deductions	180.00 (45.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Dir - Operations	Aggregate Year-to-Date: \$ 330.00	
<input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James M. Ferriance 330 Willow Green Trail Copley, Ohio 44321	Invocon Corporation	twice monthly payroll deductions	120.00 (40.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Director Systems Dev.	Aggregate Year-to-Date: \$ 240.00	
<input type="checkbox"/> Other (specify):			
E. 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	Invocon Corporation	twice monthly payroll deductions	150.00 (62.50 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Director Corp Tax	Aggregate Year-to-Date: \$ 365.00	
<input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carol A. Hanlon 6544 Dublin Drive North Ridgeville, Ohio 44039	Invocon Corporation	twice monthly payroll deductions	276.00 (623 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: HRIS Systems Analyst	Aggregate Year-to-Date: \$ 552.00	
<input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Louis J. Hyslop 705 Oakhurst Lane Amherst, OH 44301	Invocon Corporation	twice monthly payroll deductions	60.00 (45.00 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Bus Tech	Aggregate Year-to-Date: \$ 240.00	
<input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

1,346.00

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 11a1

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NAME OF COMMITTEE (in Full)

Enclave Corporation Political Action Committee ARA ZAWAFC C 00249896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>FLORIAN KATE 336 Walnut Drive BAY VILLAGE, OHIO 44140</i>	<i>Enclave Corporation</i>	<i>twice monthly payroll deduction</i>	<i>200.04 (\$16.67 per pay period)</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>Director Mgt. Employee</i>	Aggregate Year-to-Date: <i>\$ 435.04</i>	
<i>WALTER D. LUMERY 3326 Hadleigh Court Orlando, FL 32817</i>	<i>Enclave Corporation</i>	<i>twice monthly payroll deduction</i>	<i>150.00 (\$12.50 per pay period)</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>Plant Manager - B&DS</i>	Aggregate Year-to-Date: <i>\$ 285.00</i>	
<i>THOMAS R. WILKINSON 18541 Mansfield Drive Springdale, OH 44126</i>	<i>Enclave Corporation</i>	<i>twice monthly payroll deduction</i>	<i>600.00 (\$50.00 per pay period)</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>CFO</i>	Aggregate Year-to-Date: <i>\$ 1900.00</i>	
<i>Richard A. Sawyer III 7334 Robinwood Hudson, Ohio 44136</i>	<i>Enclave Corporation</i>	<i>twice monthly payroll deduction</i>	<i>900.00 (\$75.00 per pay period)</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>V.P. Human Relations</i>	Aggregate Year-to-Date: <i>\$ 1800.00</i>	
<i>Charles K. Schwartz 15 Saddle Ridge Road Sparta, NJ 07871</i>	<i>Alfred Health Care</i>	<i>9/1/95</i>	<i>500.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>V.P. Operations</i>	Aggregate Year-to-Date: <i>\$ 1,000.00</i>	
<i>Kathleen Schmitt 2952 Southwood Drive Westlake, Ohio 44145</i>	<i>Enclave Corporation</i>	<i>twice monthly payroll deduction</i>	<i>120.00 (\$10.00 per pay period)</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>Dir. Corp Finance</i>	Aggregate Year-to-Date: <i>\$ 240.00</i>	
<i>Louis F S SLANEN 550 Hampshire Road Akron, OH 44313</i>	<i>Enclave Corporation</i>	<i>twice monthly payroll deduction</i>	<i>1500.00 (\$125.00 per pay period)</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>VP Sales/MTG</i>	Aggregate Year-to-Date: <i>\$ 2,779.98</i>	

SUBTOTAL of Receipts This Page (optional)

3,970.04

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 11a

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NAME OF COMMITTEE (in Full)

Inovacore Corporation Political Action Committee AKA INOVAPAC C00249896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Mark Sullivan 707 Lincoln Street Amherst, OH 44001</i>	<i>Inovacore Corporation</i>	<i>twice monthly payroll deduction</i>	<i>120.00 (\$10.00 per pay period)</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>Dir of marketing</i>	Aggregate Year-to-Date: <i>\$ 230.00</i>	
<i>Maureen L. TABickman 483 North Street Chagrin Falls, OH 44022</i>	<i>Inovacore Corporation</i>	<i>twice monthly payroll deduction</i>	<i>150.00 (\$25.00 per pay period)</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>General Manager</i>	Aggregate Year-to-Date: <i>\$ 2,850.00</i>	
<i>Alan D. Wainwright 3238 Stoney Brook Avon Lake, OH 44012</i>	<i>Inovacore Corporation</i>	<i>twice monthly payroll deduction</i>	<i>300.00 (\$75.00 per pay period)</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>V.P. Engineering</i>	Aggregate Year-to-Date: <i>\$ 600.00</i>	
<i>David T. Williams 941 Shady Lawn Amherst, OH 44001</i>	<i>Inovacore Corporation</i>	<i>twice monthly payroll deduction</i>	<i>300.00 (\$25.00 per pay period)</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>Director Communications</i>	Aggregate Year-to-Date: <i>\$ 574.98</i>	
<i>Kathy D. Wolf 12255 Asbury Park Dr. Riverside, OH 34075</i>	<i>Inovacore Corporation</i>	<i>twice monthly payroll deduction</i>	<i>150.00 (\$12.50 per pay period)</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>Regional Manager</i>	Aggregate Year-to-Date: <i>\$ 210.50</i>	
<i>Mark J. Ziemiancki 24435 Willow Lane North Olmsted, OH 44130</i>	<i>Inovacore Corporation</i>	<i>twice monthly payroll deduction</i>	<i>180.00 (\$15.00 per pay period)</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <i>Marketing Distribution</i>	Aggregate Year-to-Date: <i>\$</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	Occupation	Aggregate Year-to-Date: <i>\$</i>	

0,550.00

SUBTOTAL of Receipts This Page (optional)

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 5
FOR LINE NUMBER 11a1

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200249896

NAME OF COMMITTEE (In Full)

INMACARE Corporation Political Action Committee AKA INMACARE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent R. Kubit 905 Laurel Glen Medina OH 44056	Inmacare Corporation	---	\$
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: VP Mktg	Aggregate Year-to-Date > \$ 580.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence L. Kovacs 190 Shansiew Drive Avon Lake OH 44012	Inmacare Corporation	---	\$
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: General MGRAGER	Aggregate Year-to-Date > \$ 240.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arlinicki Nixon 2484 Stratford Road Cleveland Heights, OH 44116	Inmacare Corporation	---	\$
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: CEO	Aggregate Year-to-Date > \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael E. Parsons 230 Deer Run Drive Grafton OH 44024	Inmacare Corporation	---	\$
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: VP SALES	Aggregate Year-to-Date > \$ 1,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph B. Richer 2834 Courtyard Blvd. Sinker Heights OH 44102	Inmacare Corporation	---	\$
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: General Mgr	Aggregate Year-to-Date > \$ 1,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Wiegold 633 Wellesley Circle Avon Lake OH 44012	Inmacare Corporation	---	\$
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Controller Mgr	Aggregate Year-to-Date > \$ 450.00	
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	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 8,996.00

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)

ZIMMARE CORPORATION Political Action Committee a/k/a Enva Pac C00249896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Geophysical-Computer Committee 635-B Pennsylvania Ave N.W. Washington D.C. 20003	D-3-110 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/95	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Barbara Bowen 4550 Virginia Ave #302 Mountain View, VA 22092	D-CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/95	1,000.00
C. Full Name, Mailing Address and ZIP Code NRCC 300 First Street, SE Washington DC. 20003	Purpose of Disbursement NRCC Salute to President Gingrich Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/95	3,000.00
D. Full Name, Mailing Address and ZIP Code Re-Elect Packwood '98 P.O. Box 39198 Washington D.C. 20016	R-OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/95	1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Larry Prosser P.O. Box 7766 Washington DC. 20013	S.D. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/95	1,000.00
F. Full Name, Mailing Address and ZIP Code John ENSIGN A: Campaign 8917 Stafford Springs Drive LAS VEGAS, NV 89134	I-NEV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/95	1,000.00
G. Full Name, Mailing Address and ZIP Code BURR FOR CONGRESS P.O. Box 5732 Winston Salem, NC 27173	E-N.C. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/95	1,000.00
H. Full Name, Mailing Address and ZIP Code CAPITOL COMMITTEE 815 MARK Avenue SPRINGFIELD, VA 22152	Sen. ORIN Hatch - LOHART Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/95	1,000.00
I. Full Name, Mailing Address and ZIP Code FRIENDS OF BOB GRANTON P.O. Box 12472 Washington DC. 20012-12472	FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/95	1,000.00

SUBTOTAL of Disbursements This Page (optional) 11,000.00

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 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ZAVACAR CORPORATION Political Action Committee aka ZAVAPAC C00249896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Thomas Campaign Committee P.O. Box 595 Bakersfield, CA 93301	21-CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/96	1,300.00
B. Full Name, Mailing Address and ZIP Code Blue Dog PAC P.O. Box 7668 WASHINGTON, DC	Multi-candidate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/96	500.00
C. Full Name, Mailing Address and ZIP Code Friends of CHA Skanska P.O. Box 208 Silver Springs, FL 34489	6-FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/96	500.00
D. Full Name, Mailing Address and ZIP Code Norwood For Congress P.O. Box 499 Evans, GA 30029	10-GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/96	500.00
E. Full Name, Mailing Address and ZIP Code Hobson For Congress 1212 North Kemmer Street Arlington, VA 22201	7-OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/96	1,000.00
F. Full Name, Mailing Address and ZIP Code The LATourette An Campbell Committee P.O. Box 510 Painesville, OH 44087	19-OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/96	1,000.00
G. Full Name, Mailing Address and ZIP Code CARDIN FOR CONGRESS Box 65056 Baltimore, MD 21209-0056	3-MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/96	1,000.00
H. Full Name, Mailing Address and ZIP Code Pete Stark ReElection Com. 555 New Jersey, NW, Suite 200 WASHINGTON DC 20001	13-CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/96	1,000.00
I. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Committee 430 South Capital Street SE WASHINGTON DC 20003	1995 Fed Dinner multi candidate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	3,000.00

SUBTOTAL of Disbursements This Page (optional)

9,500.00

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)

C 00249896

Invacare CORPORATION 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
FRIENDS FOR HOUGHTON 4451 BROOKFIELD COURT, DRIVE CHARLITTE, VA 22001	31-NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/95	500.00
FRIENDS OF SPERDIO BROWN 111 EDGEHILL DRIVE EUGLETTA, VA 24035	13-OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/95	2,500.00
Kennedy for Senate Debt Reduction 307 SW ST. NE., 21ST FLOOR WASHINGTON DC, 20007	D-D.F. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1994 DEBT RETIREMENT	12/12/95	500.00
FRIENDS OF MAX Cleland Campaign P.O. BOX 7013 ATLANTA, VA 30357	GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/95	1,000.00
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)

4,000.00

TOTAL This Period (last page this line number only)

24,500.00

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.

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and Registration DATE OF RECEIPT

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Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

 

PREPARER

DATE PREPARED

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