

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. C00249896 KATHLEEN A. SCHWARTZER INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC 399 CLEVELAND BLVD CLEVELAND OHIO 44115	2. FEC IDENTIFICATION NUMBER C00249896
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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
November 29, 1994 through December 31, 1994		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 12,381.69
(b) Cash on Hand at Beginning of Reporting Period	\$ 4,621.78	
(c) Total Receipts (from Line 19)	\$ 3,428.30	\$ 33,168.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 8,050.08	\$ 45,550.08
7. Total Disbursements (from Line 30)	\$ 1,000.00	\$ 38,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	\$ 7,050.08	\$ 7,050.08
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 660 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

Kathleen A. Schwartzer

Signature of Treasurer

Kathleen A. Schwartzer

Date

1/31/95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

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 Invacare Corporation Political Action Committee		REPORT COVERING PERIOD	
AKA Invacare PAC C00249896		FROM 11/29/94	TO: 12/31/94
		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)	\$2,773.28	\$25,136.80
ii.	Unitemized	537.00	7,802.80
iii.	Total	3,404.28	32,939.60
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions	3,404.28	32,939.60
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.)	24.02	228.79
18.	Transfers from Non-Federal Account for Joint Activity		
19.	Total Receipts	3,428.30	33,168.39
20.	Total Federal Receipts	3,428.30	33,168.39
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		
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	38,500.00
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.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds		
29.	Other Disbursements		
30.	Total Disbursements	1,000.00	38,500.00
31.	Total Federal Disbursements	1,000.00	38,500.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	3,404.28	32,939.60
33.	Total Contribution Refunds (from line 28d)	0	0
34.	Net Contributions (other than loans)(subtract line 33 from 32)	3,404.28	32,939.60
35.	Total Federal Operating Expenditures	0	0
36.	Offsets to Operating Expenditures (from line 15)	0	0
37.	Net Operating Expenditures	0	0

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37

11(a)(i)
11(a)(ii)
11(a)(iii)
11(b)
11(c)
11(d)
12
13
14
15
16
17
18
19
20
21(a)(i)
21(a)(ii)
21(b)
21(c)
22
23
24
25
26
27
28(a)
28(b)
28(c)
28(d)
29
30
31
32
33
34
35
36
37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FORM NO. 11a

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 InvaPAC C00249896

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 Markham Glen Circle Longwood, FL 32779	Invacare Corporation Occupation: Business Unit Manager Aggregate Year-to-Date: \$ 435.28	twice monthly payroll deduction	\$ 83.32 (\$20.83 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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
Gerald B. Blouch 5790 Great Northern Blvd. #01 N. Olmsted, OH 44070	Invacare Corporation Occupation: President Home Care Aggregate Year-to-Date: \$ 1,570.00	twice monthly payroll deduction	\$ 260.00 (\$65 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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
William Concoran 388 Bounty Way Avon Lake, OH 44012	Invacare Corporation Occupation: Business Unit Leader Aggregate Year-to-Date: \$ 850.00	twice monthly payroll deduction	\$150.00 (\$37.50 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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
Carol A. Hanlon 6544 Debbie Dr. N. Ridgeville, OH 44039	Invacare Corporation Occupation: Manager-Compensation Aggregate Year-to-Date: \$ 414.00	twice monthly payroll deduction	\$92.00 (\$23 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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
Louis J. Hyster 703 Oakherst Dr. Akron, OH 44301	Invacare Corporation Occupation: Toolroom Manager Aggregate Year-to-Date: \$ 545.00	twice monthly payroll deduction	\$ 100.00 (\$25 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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
Florian Kete 336 Walmar Dr. Bay Village, OH 44140	Invacare Corporation Occupation: Director Mgt. Develop. Aggregate Year-to-Date: \$ 374.94	twice monthly payroll deduction	\$83.32 (\$20.83 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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
Kent R. Kluth 905 Laurel Glens Medina, OH 44256	Invacare Corporation Occupation: Vice President MIS Aggregate Year-to-Date: \$ 2,221.00	twice monthly payroll deduction	\$388.00 (\$97 per pay period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$ 1,156.64

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
 FORM LINE NUMBER 11a1

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 InvaPAC C00249896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tim McMullen 43114 Kipton Nickle Plate LaGrange, OH 44050 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Invacare Corporation Occupation: Vice President-Sales Adm Aggregate Year-to-Date > \$321.00	twice monthly payroll deduction	\$ 60.00 (\$15 per pay period)
Richard A. Sayers III 7334 Arborwood Hudson, OH 44236 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Invacare Corporation Occupation: Vice President-HR Aggregate Year-to-Date > \$1,125.00	twice monthly payroll deduction	\$ 300.00 \$75 per pay period)
Louis F. J. Slangen 550 Hampshire Rd. Akron, OH 44313 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Invacare Corporation Occupation: President-Rehab Aggregate Year-to-Date > \$1,499.94	twice monthly payroll deduction	\$ 333.32 (\$3.33 per pay period)
Mark C. Sullivan 707 Lincoln St. Asherst, OH 44001 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Invacare Corporation Occupation: Marketing Director Aggregate Year-to-Date > \$300.00	twice monthly payroll deduction	\$ 40.00 (\$10 per pay period)
M. L. Tabickman 403 North St. Chagrin Falls, OH 44022 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Invacare Corporation Occupation: President-Canada Aggregate Year-to-Date > \$2,400.00	twice monthly payroll ded.	\$ 400.00 (\$100 per pay period)
Alan D. Waincott 32388 Stoney Brook Avon Lake, OH 44012 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Invacare Corporation Occupation: Vice President-Engineering Aggregate Year-to-Date > \$600.00	twice monthly payroll deduction	\$ 100.00 (\$25 per pay period)
Otmar Weber 10807 Sheldon Wds W. Elk Grove, CA 95624 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Invacare Corporation Occupation: General Manager Aggregate Year-to-Date > \$266.00	twice monthly payroll deduction	0 (\$20 per pay through 8/15/94)

SUBTOTAL of Receipts This Page (optional)

\$1,233.32

TOTAL (the Period (last page the 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

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 contributors from such committee.

NAME OF COMMITTEE (In Full)

Invacare Corporation Political Action Committee AKA InvaPAC C00249896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David T. Williams 901 Shadylawn Amherst, OH 44001 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation Director - Communications Aggregate Year-to-Date > \$ 500.94	twice monthly payroll deduction	\$83.32 (\$20.83 per pay period)
Peter Bodnarik 984 Wellington Orlando, FL 32765 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation Plant Manager Aggregate Year-to-Date > \$ 220.00	twice monthly payroll deduction	\$ 40.00 (\$10.00 per pay period)
Robert J. Dietrich 39423 Chestnut Ridge Elyria, OH 44035 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation Plant Manager Aggregate Year-to-Date > \$ 240.00	twice monthly payroll deduction	\$ 40.00 (\$10.00 per pay period)
James M. Feriance 330 Willow Green Trail Copley, OH 44321 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation Director - Systems Development Aggregate Year-to-Date > \$ 230.00	twice monthly payroll deduction	\$ 40.00 (\$10.00 per pay period)
Linda A. Jarven 2178 Atkins Lakewood, OH 44107 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation Manager - Internal Training Aggregate Year-to-Date > \$ 240.00	twice monthly payroll deduction	\$ 40.00 (\$10.00 per pay period)
Lawrence L. Kovacs 190 Glenview Drive Avon Lake, OH 44012 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation General Manager - Dynamic Controls Aggregate Year-to-Date > \$ 240.00	twice monthly payroll deduction	\$ 60.00 (\$15.00 per pay period)
Kathleen Schwartz 2952 Southwood Drive Westlake, OH 44145 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Invacare Corporation Occupation Division Controller Aggregate Year-to-Date > \$ 240.00	twice monthly payroll deduction	\$ 40.00 (\$10.00 per pay period)

SUBTOTAL of Receipts This Page (optional)	\$843.32
TOTAL This Period (last page this line number only)	

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11a

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 InvaPAC

C00249896

9 3 0 5 9 3 4 1 4 4

A. Full Name, Mailing Address and ZIP Code Thomas J. Buckley 29267 Nottingham Ct. Westlake, OH 44145 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Invacare Corporation Occupation General Manager Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period 0
B. Full Name, Mailing Address and ZIP Code Whitney Evans 4480 Grove Street Sonoma, CA 95476 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Invacare Corporation Occupation Director Aggregate Year-to-Date > \$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period 0
C. Full Name, Mailing Address and ZIP Code Warren D. Lowery 3326 Hadleigh Crest Orlando, FL 32817 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Invacare Corporation Occupation Plant Manager Aggregate Year-to-Date > \$ 205.00	Date (month, day, year) twice monthly payroll deduction	Amount of Each Receipt this Period \$40.00 (\$10 per day period)
D. Full Name, Mailing Address and ZIP Code Thomas R. Miklich 18501 Nantucket Dr. Strongsville, OH 44136 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Invacare Corporation Occupation CFO Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year)	Amount of Each Receipt this Period 0
E. Full Name, Mailing Address and ZIP Code A. Malachi Nixon III 2884 Stratford Rd. Cleveland Hts., OH 44118 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Invacare Corporation Occupation CFO Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year)	Amount of Each Receipt this Period 0
F. Full Name, Mailing Address and ZIP Code Michael E. Parsons 330 Deer Run Drive Grafton, OH 44024 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Invacare Corporation Occupation Vice President-Sales Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year)	Amount of Each Receipt this Period 0
G. Full Name, Mailing Address and ZIP Code Joseph B. Richey 2834 Courtland Blvd. Shaker Hts., OH 44122 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Invacare Corporation Occupation Senior V.P. Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period 0

SUBTOTAL of Receipts This Page (optional)	\$40.00
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 5
FOR LINE NUMBER 11a1

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 InvAPAC 000249896

2
3
4
5
6
7
8
9
10
11
12
13
14
15

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James R. Thaler 5511 Pin Oak Circle Sheffield Village, OH 44054	Invacare Corporation		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Corporate Services		
	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald P. Thomas 138 Wedgwood Avenue Elyria, OH 44035-3059	Invacare Corporation		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Mfg. Systems		
	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William M. Weber 3200 Round Wood Chagrin Falls, OH 44022	Weber, Wood & Madinger		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas V. Wiegand 533 Wellesley Circle Avon Lake, OH 44012	Invacare Corporation		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Division Controller		
	Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kelly D. Wolf 12215 Asbury Park Dr. Roswell, GA 30075	Invacare Corporation		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Manager		
	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Martin J. Ziemianski 24435 Maria Ln. North Olmsted, OH 44070	Invacare Corporation		0
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Plant Controller		
	Aggregate Year-to-Date > \$ 200.00		
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 <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

0

\$2,773.28

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**
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 AKA InvPAC C00249896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mike DeWine 8 East Broad St. 15th Floor Columbus, OH 43215	Debt reduction Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/5/94	\$1,000.00
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)

TOTAL This Period (last page this line number only)

\$1,000.00

23038034343

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

1-31-95

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

MMR

PREPARER

2-3-95

DATE PREPARED

9503904441