

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="23922.25"/>	<input type="text" value="23922.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8749.26"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1578.88"/>	<input type="text" value="29329.52"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="10328.14"/>	<input type="text" value="53251.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1144.64"/>	<input type="text" value="44068.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9183.50"/>	<input type="text" value="9183.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1337.32	22173.14
(ii) Unitemized	241.56	7156.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1578.88	29329.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1578.88	29329.52
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1578.88	29329.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1578.88	29329.52

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	42700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	144.64	1368.27
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1144.64	44068.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1144.64	44068.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1578.88	29329.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1578.88	29329.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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 INVA PAC

A. Cara Bachenheimer
Full Name (Last, First, Middle Initial)

Mailing Address 9323 Old Mansion Road

City Alexandria State VA Zip Code 22309

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Sr. VP Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1749.93**

Date of Receipt **11 / 15 / 2014**

Transaction ID : SA11AI.8965

Amount of Each Receipt this Period **166.66**

Biweekly PR ded of \$83.33 starting 10/31/14

B. Christopher Carter
Full Name (Last, First, Middle Initial)

Mailing Address 17 W. Harvard Street

City Orlando State FL Zip Code 32804

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Director of Operations - Sanford

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 15 / 2014**

Transaction ID : SA11AI.8967

Amount of Each Receipt this Period **20.00**

Biweekly PR ded of \$10 starting 10/31/14

C. Wilton E Foster Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 20 Pinewood Lane

City Hudson State OH Zip Code 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Director Applications & eCommerce

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **485.00**

Date of Receipt **11 / 15 / 2014**

Transaction ID : SA11AI.8972

Amount of Each Receipt this Period **50.00**

Biweekly PR ded of \$25 starting 10/31/14

SUBTOTAL of Receipts This Page (optional)..... **236.66**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

A. Jerome E. Fox Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 26114 Cobblestone Trail
 City Columbia Station State OH Zip Code 44028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Invacare Corporation Occupation VP - Corporate Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **370.00**

Date of Receipt **11 / 15 / 2014**
Transaction ID : SA11AI.8973
 Amount of Each Receipt this Period **20.00**
 Biweekly PR ded of \$10 starting 10/31/14

B. Meghan Griffin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2071 W 42nd Street
 City Cleveland State OH Zip Code 44113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Invacare Corporation Occupation Engineering Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **11 / 15 / 2014**
Transaction ID : SA11AI.8976
 Amount of Each Receipt this Period **100.00**
 Biweekly PR ded of \$50 starting 10/31/14

C. Robert Gudbranson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2521 Fairmount
 City Cleveland State OH Zip Code 44106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Invacare Corporation Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **4374.93**

Date of Receipt **11 / 15 / 2014**
Transaction ID : SA11AI.8977
 Amount of Each Receipt this Period **416.66**
 Biweekly PR ded of \$208.33 starting 10/31/14

SUBTOTAL of Receipts This Page (optional).....▶	536.66
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

A. Thomas Herb
Full Name (Last, First, Middle Initial)
Mailing Address 376 County Road 40
City Sullivan State OH Zip Code 44880
FEC ID number of contributing federal political committee. **C**
Name of Employer Invacare Corporation Occupation Manager - Corporate Documentation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 15 / 2014**
Transaction ID : SA11AI.8978
Amount of Each Receipt this Period **20.00**
Biweekly PR ded of \$10 starting 10/31/14

B. Mark Kline
Full Name (Last, First, Middle Initial)
Mailing Address 4488 Regal Circle
City Akron State OH Zip Code 44321
FEC ID number of contributing federal political committee. **C**
Name of Employer Invacare Corporation Occupation Director Retail Sales
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1050.00**

Date of Receipt **11 / 15 / 2014**
Transaction ID : SA11AI.8981
Amount of Each Receipt this Period **100.00**
Biweekly PR ded of \$50 starting 10/31/14

C. Jill Kolczynski
Full Name (Last, First, Middle Initial)
Mailing Address 805 Horseshoe Way
City Avon Lake State OH Zip Code 44012
FEC ID number of contributing federal political committee. **C**
Name of Employer Invacare Corporation Occupation Product Development Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **420.00**

Date of Receipt **11 / 15 / 2014**
Transaction ID : SA11AI.8982
Amount of Each Receipt this Period **40.00**
Biweekly PR ded of \$20 starting 10/31/14

SUBTOTAL of Receipts This Page (optional)..... **160.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

A. Joseph Kuebler
Full Name (Last, First, Middle Initial)

Mailing Address 38554 Avalon Drive

City North Ridgeville State OH Zip Code 44039

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Engineering Manager - Respiratory

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 15 / 2014**

Transaction ID : SA11AI.8983

Amount of Each Receipt this Period **20.00**

Biweekly PR ded of \$10 starting 10/31/14

B. Seth Linebrink
Full Name (Last, First, Middle Initial)

Mailing Address 14920 Diagonal Road

City Lagrange State OH Zip Code 44050

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Manager, Financial Reporting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **11 / 15 / 2014**

Transaction ID : SA11AI.8985

Amount of Each Receipt this Period **40.00**

Biweekly PR ded of \$20 starting 10/31/14

C. Jeffrey Randall
Full Name (Last, First, Middle Initial)

Mailing Address 373 Main Street

City Lisbon Falls State ME Zip Code 04252

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Territory Business Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 15 / 2014**

Transaction ID : SA11AI.8988

Amount of Each Receipt this Period **20.00**

Biweekly PR ded of \$10 starting 10/31/14

SUBTOTAL of Receipts This Page (optional)..... **80.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

A. John Remmers
Full Name (Last, First, Middle Initial)

Mailing Address 349 Aurora Street

City Hudson State OH Zip Code 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Sr. VP Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
11 / 15 / 2014

Transaction ID : SA11AI.8989

Amount of Each Receipt this Period
100.00

Biweekly PR ded of \$50 starting 10/31/14

B. Frank Roche
Full Name (Last, First, Middle Initial)

Mailing Address 16414 St. Anthony Lane

City Cleveland State OH Zip Code 44111

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation VP National Sales Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
11 / 15 / 2014

Transaction ID : SA11AI.8990

Amount of Each Receipt this Period
50.00

Biweekly PR ded of \$25 starting 10/31/14

C. Gretchen Schuler
Full Name (Last, First, Middle Initial)

Mailing Address 28710 Berkshire Drive

City North Olmsted State OH Zip Code 44070

FEC ID number of contributing federal political committee. **C**

Name of Employer Invacare Corporation Occupation Director of Litigation Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
882.00

Date of Receipt
11 / 15 / 2014

Transaction ID : SA11AI.8991

Amount of Each Receipt this Period
84.00

Biweekly PR ded of \$42 starting 10/31/14

SUBTOTAL of Receipts This Page (optional)..... **234.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

A. Douglas Uelmen
Full Name (Last, First, Middle Initial)
Mailing Address 34417 Saint Marn Blvd.
City Avon State OH Zip Code 44011
FEC ID number of contributing federal political committee. **C**
Name of Employer Invacare Corporation Occupation VP QA/RA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **310.00**

Date of Receipt **11 / 15 / 2014**
Transaction ID : SA11AI.8994
Amount of Each Receipt this Period **20.00**
Biweekly PR ded of \$10 starting 10/31/14

B. Kimberly Wilhelm
Full Name (Last, First, Middle Initial)
Mailing Address 2010 Gulf Road
City Elyria State OH Zip Code 44035
FEC ID number of contributing federal political committee. **C**
Name of Employer Invacare Corporation Occupation Sales & Service Manager - TAG
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **565.00**

Date of Receipt **11 / 15 / 2014**
Transaction ID : SA11AI.8995
Amount of Each Receipt this Period **50.00**
Biweekly PR ded of \$25 starting 10/31/14

C. Robert Zawtock
Full Name (Last, First, Middle Initial)
Mailing Address 433 Regatta Drive
City Avon Lake State OH Zip Code 44012
FEC ID number of contributing federal political committee. **C**
Name of Employer Invacare Corporation Occupation Vice President Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 15 / 2014**
Transaction ID : SA11AI.8996
Amount of Each Receipt this Period **20.00**
Biweekly PR ded of \$10 starting 10/31/14

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	1337.32

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

Full Name (Last, First, Middle Initial)

A. STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DRIVE

City State Zip Code
COLUMBUS OH 43220

Purpose of Disbursement
Fundraising event of October 8

011

Category/
Type

Candidate Name

STEVE MR. STIVERS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : SB23.8998

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address 1900 East Ninth Street

City Cleveland State OH Zip Code 44114

Purpose of Disbursement
Corporate Acct Analysis Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SB29.8997

Amount of Each Disbursement this Period

144.64

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

144.64

TOTAL This Period (last page this line number only)..... ▶

144.64