



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Jerome E. Fox, Jr., Treasurer
Invacare Corporation Political Action
Committee AKA Inva PAC
One Invacare Way
Elyria, OH 44035

OCT 28 1998

Identification Number: C00249896

Reference: July Quarterly Report (4/1/98-6/30/98)

Dear Mr. Fox:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

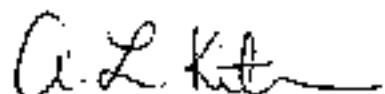
Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-For future reporting, please be advised that only contributions to federal candidates and political committees should be itemized on a separate Schedule B supporting Line 23 of the Detailed Summary Page. Contributions to non-federal candidates and committees should be itemized on Schedule B supporting Line 29.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,



Antoinette Kitchen
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 3
FOR LINE NUMBER
1 (or Y)

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 Invapacs

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William E. Corcoran 378 Bounty Way Avon Lake, OH 44013	Invacare Corporation	Twice Monthly Via Payroll	240.00 (40.00 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Manager - TAG Aggregate Year-to-Date > \$ 410.00		
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, CEO 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 44223	Invacare Corporation	5/28/93	5,000.00 (Contribution Requested)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP-TOM Aggregate Year-to-Date > \$ 6,250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis F.J. Slanger 550 Hampshire Road Akron, OH 44313	Invacare Corporation	Twice Monthly Via Payroll	1,250.04 (209.34 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP Sales, Marketing 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
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP Respiratory Aggregate Year-to-Date > \$ 1,770.00		
F. 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 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		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Mizor 2484 Stratford Road Cleveland Hts., OH 44119	Invacare Corporation	N/A	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman, CEO Aggregate Year-to-Date > \$ 5,000.00		

SUBTOTAL of Receipts This Page (optional):

7,390.04

TOTAL This Period (last page this the number only):

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER
11(a) (5)

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 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
William F. Corcoran 388 Bounty Way Avon Lake, OH 44012	Invacare Corporation	Twice Monthly via Payroll	240 (40 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Manager-TAG	Aggregate Year-to-Date > \$ 240.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald B. Blough 132 Greenward Way South North Olmsted, OH 44070	Invacare Corporation	Twice Monthly via Payroll and 3/30/98	600 (100 each pay period) \$ 2,400.00 ok
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	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 2834 Courtland Boulevard Shaker Heights, OH 44122	Invacare Corporation	Twice Monthly via Payroll	1,249.96 (208.33 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP-TQM	Aggregate Year-to-Date > \$ 1,249.96	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis F.J. Stanger 550 Hampshire Road Akron, OH 44313	Invacare Corporation	Twice Monthly via Payroll	1,249.96 (208.33 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP Sales & Mktg.	Aggregate Year-to-Date > \$ 1,249.96	
E. 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	870 (145 each pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP-Respiratory	Aggregate Year-to-Date > \$ 870.00	
F. 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	3/30/98	1,000.00
Receipt For: <input 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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Malachi Nixon, III - 2484 Stratford Road Cleveland Hts., OH 44118	Invacare Corporation	3/30/98	-5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & CEO	Aggregate Year-to-Date > \$ 5,000.00	
SUBTOTAL of Receipts This Page (optional)			12,509.92
TOTAL This Period (last page this line number only)			

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