

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -9 P 5:10

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00249896 121499
 P 236JEROME E FOX JR
 INVACARE CORPORATION POLITICAL
 ACTION COMMITTEE AKA INVA PAC
 ONE INVACARE WAY
 ELYRIA OH 44035

2. FEC IDENTIFICATION NUMBER
 C00249896

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	COLUMN B
5. Covering Period 7/1/99 through 12/31/99		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 1999		\$ 17,671.46
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ 21,244.15	
6. (c)	Total Receipts (from Line 1B)	\$ 14,382.08	\$ 41,454.77
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 35,626.23	\$ 59,126.23
7.	Total Disbursements (from Line 3C)	\$ 23,150.00	\$ 46,650.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12,476.23	\$ 12,476.23
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 990 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)	\$	

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

Jerome E. Fox, Jr.

Date

1/31/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

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FEC FORM 3X

(revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE <i>Invacare Political Action Committee AKA Invacare</i>		REPORT COVERING PERIOD FROM <i>7/1/99</i> TO <i>12/31/99</i>	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		<i>10,099.92</i>	<i>30,643.01</i>
ii. Unitemized		<i>3,862.00</i>	<i>9,957.50</i>
iii. Total (add i and ii) >		<i>13,961.92</i>	<i>40,600.51</i>
b. Political Party Committees			
c. Other Political Committees (such as PADS)			
d. Total Contributions (add a, b, and c) >		<i>13,961.92</i>	<i>40,600.51</i>
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.)		<i>420.76</i>	<i>854.26</i>
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		<i>14,382.68</i>	<i>41,454.77</i>
20. Total Federal Receipts (subtract line 18 from line 19) >			
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, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		<i>21,400.00</i>	<i>44,900.00</i>
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. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PADS)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements		<i>1,750.00</i>	<i>1,750.00</i>
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		<i>23,150.00</i>	<i>46,650.00</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		<i>23,150.00</i>	<i>46,650.00</i>
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		<i>13,961.92</i>	<i>40,600.51</i>
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)		<i>13,961.92</i>	<i>40,600.51</i>
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11(a)(i)

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
Judith L. Kovacs 5341 Stuebbridge Ct. Sheffield Village, OH 44054	Invacare Corporation Occupation: Director - Customer Service	N/A	None
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 215.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Blouch 30700 Lake Rd. Bay Village, OH 44140	Invacare Corporation Occupation: President	Twice monthly via payroll	\$208.33 12 TIMES (7-1-99 thru 12-31-99)
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 4,449.94		
C. 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 Occupation: General Mgr - TAG	Twice monthly via payroll	\$40.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 960.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren Darrell Lowery 3326 Hudkigh Crest Orlando, FL 32817	INVACARE Corporation Occupation: Dir. of Operations - Respiratory	Twice monthly via payroll	\$20.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 450.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis F. J. Stangen 650 Hampshire Rd Akron, OH 44313	INVACARE Corporation Occupation: Sr. VP Sales + Marketing	Twice monthly via payroll	\$208.33
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 1,999.99		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David T. Williams 901 Shadytown Drive Amherst, OH 44001	INVACARE Corporation Occupation: Director of Gov't Relations	twice monthly via payroll	\$40.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 930.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ETIE Dail PO BOX 62 MILAN, OH 44841	INVACARE Corporation Occupation: VP + GM - Canada	twice monthly via payroll	\$50.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 1,050.00		

SUBTOTAL of Receipts This Page (optional)

6,799.92

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 3
FOR LINE NUMBER 11(a)(2)

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
John Dmytriw 2439 Lauren S Drive Mentor, OH 44060 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: Disoperations - Rehab Aggregate Year-to-Date > \$ 570.00	Twice monthly via payroll	\$ 25.00
Jerome E Fox, Jr 441 Woodridge Circle Berea, OH 44017 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: Corporate Tax Director Aggregate Year-to-Date > \$ 468.00	Twice monthly via payroll	\$ 20.00
David Pessel 22850 MLW Pepper Pike, OH 44124 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: CIO Aggregate Year-to-Date > \$ 480.00	Twice monthly via payroll	\$ 20.00
Maurice L. Tabickman 6 Cours de L'Armorial 3700 Tours France Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: President - Invacare Europe Aggregate Year-to-Date > \$ 360.00	Twice monthly via payroll	\$ 150.00
Thomas J. Buckley 29867 Nottingham Ct Westlake, OH 44145 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: SVP - Standard Products Aggregate Year-to-Date > \$ 1,000.00	N/A	None
A. Molochi Nixon III 310 S Topping Lane Hunting Valley, OH 44022 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: Chairman + CEO Aggregate Year-to-Date > \$ 5,000.00	N/A	None
Larry Steward 2134 Jesse Dr. Hudson, OH 44236 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Invacare Corporation Occupation: VP - Human Resources Aggregate Year-to-Date > \$ 350.00	N/A	None

SUBTOTAL of Receipts This Page (optional)

2,580.00

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 **3**
FOR LINE NUMBER **11(a)(2)**

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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
Thomas V. Wiegand 633 Wellesley Circle Avon Lake, OH 44012	Invacare Corporation Occupation: Corporate Group Controller Aggregate Year-to-Date > \$ 950.00	N/A	None.
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
Michael A. Perry 31755 Leeward Ct. Avon Lake, OH 44012	Invacare Corporation Occupation: VP-Distributed Products Aggregate Year-to-Date > \$ 250.00	N/A	None.
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
Joseph B. Richey 7325 Stump Hollow Lane Chagrin Falls, OH 44022	Invacare Corporation Occupation: Senior VP Aggregate Year-to-Date > \$ 5,000.00	N/A	None.
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
James M. AnKouiak 3732 Greenbriar Circle Westlake, OH 44145	Invacare Corporation Occupation: Dir. of Operations - fitness Aggregate Year-to-Date > \$ 150.00	Twice monthly via payroll	\$ 25.00
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
Peter Bodnarik 984 Wellington Oviedo, FL 32765	Invacare Corporation Occupation: Purchasing Mgr-Respiratory Aggregate Year-to-Date > \$ 240.00	Twice monthly via payroll	\$ 10.00
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
Steven C. Clark 333 Long Pointe Dr. Avon Lake, OH 44012	Invacare Corporation Occupation: Vice President-Rehab Aggregate Year-to-Date > \$ 820.00	Twice monthly via payroll	\$ 10.00
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
Jim Feriance 330 Willow Green Trail Copley, OH 44321	Invacare Corporation Occupation: Director Systems Development Aggregate Year-to-Date > \$ 330.00	Twice monthly via payroll	\$ 15.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$ 720.00

TOTAL This Period (last page this line number only)

\$ 10,099.92

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Invoke 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
America Works Committee 607 14th Street NW #800 Washington, DC 20005	OH-US House 13th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-99	\$5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Max Cleland 3146 NE Expressway Atlanta, GA 30341	GA-US Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-99	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BLANK	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bonior For Congress PO Box 75214 Washington, DC 20013-5214	ME-US House 10th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-99	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fiberi 2000 865 Macon Alley Columbus, OH 43206	OH-US House 12th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Republican Senate Campaign Committee 211 S. Fifth Columbus, OH 43215	OH-State Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-99	150.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Reelect Nancy L. Johnson committee 424 S. Capitol Washington, DC 20012	CT-US House 6th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-99	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
De Gette For Congress PO Box 75214 Washington, DC 20013	CO-US House 13th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-99	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS For Gillmor 2316 S. Rife St. Arlington, VA 22202	OH-US House 5th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-99	500.00

SUBTOTAL of Disbursements This Page (optional)

\$ 9,150.00

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 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in full)

Invacare Political Action Committee AKA I-INVA PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Tom Sawyer Committee PO Box 75214 Washington DC 20013	OH - US House 14th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Roney For Congress PO Box 1067 Muskogee, OK 74401	OK - US House 2nd Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-99	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BLANK	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pioneer PAC 611 Pennsylvania Ave. Washington, DC 20003-4303	Multicandidate PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-16-99	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas For Congress PO Box 395 Bakersfield, CA 93302	CA - US House 21st Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-16-99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Cliff Stearns 4451 Brookfield Corp. Dr. Suite 800 Charlottesville, VA 22911	FL - US House 6th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-16-99	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Doug Ose For Congress 1812 N. Vernon St. Arlington, VA 22201	CA - US House 3rd Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-16-99	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barrett For Congress PO Box 2884 Washington, DC 20013	WI - US House 5th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-16-99	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jerry Kleczka 4200 Cristine Place Alexandria, VA 22311	WI - US House 4th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-16-99	500.00

SUBTOTAL of Disbursements This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 3 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

INacare Political Action Committee AKA INAPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stupak For Congress PO Box 143 McAdams, MI 49858	MI - US House 1st Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-16-99	500.00
Friends For Houghton 4451 Brookfield Corp. Dr. Suite 200 Chantilly, VA 20151	NY - US House 31st Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-17-99	500.00
BLANK	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Hastert For Congress Committee PO Box 625 Batavia, IL 60510	IL - US House 19th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-99	1,000.00
Anna Escobar For Congress PO Box 2884 Washington, DC 20013	CA - US House 14th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-99	500.00
Friends of Kent Conrad 320 C Street NE Lower Level Washington, DC 20002	ND - Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-99	1,000.00
People For English PO Box 10774 Alexandria, VA 22310	PA - US House 21st Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-99	500.00
Thurman For Congress 3610 38th St NW #870 Washington, DC 20016	FL - US House 5th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-99	500.00
Jim Ramstad Volunteer Committee 810 Pennsylvania Ave S. #104 Bloomington MN 55431-1325	MN - US House 3rd Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-99	500.00

SUBTOTAL of Disbursements This Page (optional)

5,000.00

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 4 OF 4
FOR LINE NUMBER 3

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NAME OF COMMITTEE (In Full)

Invoke Political Action Committee AKA IVO PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>Stabenow For US Senate 436 New Jersey SE Washington, DC 20003</u>	<u>MI - US Senate</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10-20-99</u>	<u>500.00</u>
<u>Friends For Jim McDermott PO Box 75214 Washington, DC 20013-5214</u>	<u>WA - US House 7th</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10-20-99</u>	<u>250.00</u>
<u>Strickland For Congress PO Box 580 Lucasville, OH 45648</u>	<u>OH - US House 6th</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10-20-99</u>	<u>500.00</u>
<u>Tim Johnson For South Dakota 420 C Street NE Lower Level Washington, DC 20002</u>	<u>SD - US Senate</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10-20-99</u>	<u>1,000.00</u>
<u>B. Full Name, Mailing Address and ZIP Code</u>	<u>Purpose of Disbursement</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>Date (month, day, year)</u>	<u>Amount of Each Disbursement This Period</u>
<u>F. Full Name, Mailing Address and ZIP Code</u>	<u>Purpose of Disbursement</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>Date (month, day, year)</u>	<u>Amount of Each Disbursement This Period</u>
<u>G. Full Name, Mailing Address and ZIP Code</u>	<u>Purpose of Disbursement</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>Date (month, day, year)</u>	<u>Amount of Each Disbursement This Period</u>
<u>H. Full Name, Mailing Address and ZIP Code</u>	<u>Purpose of Disbursement</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>Date (month, day, year)</u>	<u>Amount of Each Disbursement This Period</u>
<u>I. Full Name, Mailing Address and ZIP Code</u>	<u>Purpose of Disbursement</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>Date (month, day, year)</u>	<u>Amount of Each Disbursement This Period</u>

SUBTOTAL of Disbursements This Page (optional)

2,250.00

TOTAL This Period (last page this line number only)

21,400.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

INACORE Political Action Committee AKA INAPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Montgomery Campaign Committee 211 S. Fifth Columbus, OH 43215	OH Attorney General Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-99	1,000.00
B. Full Name, Mailing Address and ZIP Code NYMEP-PAC 90 S. Swan Street Albany, NY 12210	NY Governor Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-99	500.00
C. Full Name, Mailing Address and ZIP Code Lorain County Democratic Executive Committee 730 N. Ridge Rd. Elyria, OH 44035	fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-99	250.00
D. 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
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)

1,750.00

TOTAL This Period (last page this line number only)

1,750.00

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
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-31-00
<input type="checkbox"/> No Postmark	
<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
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>BEI-</i>	 <i>5-7-00...</i>
PREPARER	DATE PREPARED