



RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 3 5 32 AM '99

August 2, 1999

Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Dear Federal Election Commission,

Enclosed please find an amended FEC Form 3X Report of Receipts and Disclosures from InvaPAC for the period of 1/1/99 through 6/30/99.

The amendments to our report involve only the itemized receipts listing. Upon further review of the original report filed, errors were discovered in the calculation of certain individual's contributions. The total contribution dollar amount was reported correctly on the detailed summary page and page one of Form 3X, however, the amount of certain individual's contributions were erroneously reported.

Please accept this as InvaPAC's amended FEC Form 3X for the period of 1/1/99 through 6/30/99.

Sincerely,

Jerome E. Fox, Jr.
Treasurer

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) C00249896 060499 P271 Jerome E. Fox, Jr.	FEDERAL ELECTION COMMISSION MAIL ROOM August 2, 1999
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Invacare Corporation Political Action Committee AKA INVAPAC ONE INVACARE WAY CITY, STATE and ZIP CODE ELIOT, OH 44035	2. FEC IDENTIFICATION NUMBER C00249896
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

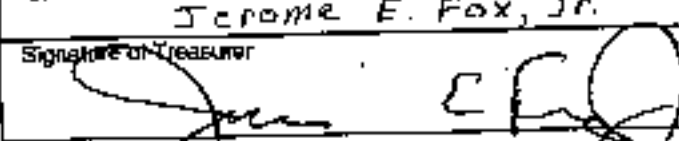
4. TYPE OF REPORT

- (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:
 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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/99</u> through <u>6/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		
(b) Cash on Hand at Beginning of Reporting Period	\$ 17,671.46	
(c) Total Receipts (from Line 18)	\$ 27,072.69	\$ 27,072.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 44,744.15	\$ 44,744.15
7. Total Disbursements (from Line 30)	\$ 23,500.00	\$ 23,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 21,244.15	\$ 21,244.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 889 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: 

Date: 8/2/99

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 8/93)

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

AMENDED

[revised 1/1/91]

NAME OF COMMITTEE <i>Invacare Political Action Committee AKA Invacpac</i>	REPORT COVERING PERIOD FROM <i>1/1/99</i> TO <i>6/30/99</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>20,543.09</i>	<i>20,543.09</i>	11(a)
ii. Unitemized	<i>6,095.50</i>	<i>6,095.50</i>	11(b)
iii. Total (add i and ii) >	<i>26,638.59</i>	<i>26,638.59</i>	11(c)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)			11(e)
d. Total Contributions (add a, b, c and d) >	<i>26,638.59</i>	<i>26,638.59</i>	11(f)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	<i>434.10</i>	<i>434.10</i>	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>27,072.69</i>	<i>27,072.69</i>	19
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>27,072.69</i>	<i>27,072.69</i>	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
I. Federal Share			21(a)(1)
II. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a, a I, and b) >			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	<i>23,500.00</i>	<i>23,500.00</i>	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			27
28. Refunds of Contributions To:			28(a)
a. Individual/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) >			29
29. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>23,500.00</i>	<i>23,500.00</i>	31
31. Total Federal Disbursements (subtract line 21 a II from line 30) >	<i>23,500.00</i>	<i>23,500.00</i>	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	<i>26,538.51</i>	<i>26,538.51</i>	32
33. Total Contribution Refunds (from line 29d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	<i>26,538.51</i>	<i>26,538.51</i>	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

AMENDED

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

PAGE 1 OF 13

FOR LINE NUMBER 11(c)(1)

Any information copied from such Reports and Statements may not be acid 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 Starbridge Ct. Sheffield Village, OH 44054	Invacare Corporation	Twice monthly via payroll thru 3-31-99 + 4-5-99	\$5.00 6 times (1-1-99 thru 3-31-99) \$185.00 (4-5-99)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director - Customer Service 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	Twice monthly via payroll	\$100 7 times (1-1-99 thru 4-15-99) \$100.00 13 times (5-1-99 thru 6-30-99) \$316.66 4 times (4-1-99 thru 6-30-99) \$208.33 4 times (5-1-99 thru 6-30-99)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$1949.98		
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	Twice monthly via payroll	\$40.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Mgr - TAG Aggregate Year-to-Date > \$480.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Warren Darrel Lowery 3326 Hadleigh Crest Orlando, FL 32817	Invacare Corporation	Twice monthly via payroll	\$15 6 times (1-1-99 thru 3-31-99) \$20 6 times (4-1-99 thru 6-30-99)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir of Operations - Respiratory Aggregate Year-to-Date > \$210.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Louis F. J. Slangen 550 Hamshire Rd Akron, OH 44313	Invacare Corporation	Twice monthly via payroll	\$202.54 7 times (1-1-99 thru 4-15-99) \$208.33 5 times (5-1-99 thru 6-30-99)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$2500.11		
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 Shadylawn Drive Amherst, OH 44001	Invacare Corporation	Twice monthly via payroll	\$35 6 times (1-1-99 thru 3-31-99) \$40 6 times (4-1-99 thru 6-30-99)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Govt Relations 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
Erle Dail P.O. Box 62 Milton, OH 44841	Invacare Corporation	Twice monthly via payroll	\$25 6 times (1-1-99 thru 3-31-99) \$50 6 times (4-1-99 thru 6-30-99)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP & GM - Canada Aggregate Year-to-Date > \$450.00		

SUBTOTAL of Receipts This Page (optional)

6,255.09

AMENDED

SCHEDULE A

**AMENDED
ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

INVOcare Political Action Committee AKA INVA PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Dmytriw 7439 Lauren Drive Mentor, OH 44060	INVOcare Corporation Occupation: Dir. Operations - Rehab	Twice monthly via payroll	\$20 6 times (1-1-99 thru 3-31-99) \$25 6 times (4-1-99 thru 6-30-99)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 270.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt this Period</th>	Amount of Each Receipt this Period
JEROME E. FOX, JR. 441 Woodridge Circle Berea, OH 44017	INVOcare Corporation Occupation: Corporate Tax Director	Twice monthly via payroll	\$18 6 times (1-1-99 thru 3-31-99) \$20 6 times (4-1-99 thru 6-30-99)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 228.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt this Period</th>	Amount of Each Receipt this Period
David Pessel 32850 MLW Pepper Pike, OH 44124	INVOcare Corporation Occupation: CEO	Twice monthly via payroll	\$20.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt this Period</th>	Amount of Each Receipt this Period
Maurice L. Tabickman 6 Cours de l'Armorial 3700 TOURS FRANCE	INVOcare Corporation Occupation: President - INVOcare Europe	twice monthly via payroll	\$150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1800.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt this Period</th>	Amount of Each Receipt this Period
THOMAS J Buckley 29267 Nottingham Ct Westlake, OH 44145	INVOcare Corporation Occupation: Sr VP - Standard Products	4-4-99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt this Period</th>	Amount of Each Receipt this Period
A. Malachi Mixon III 3105 TOPPING LANE Hunting Valley	INVOcare Corporation Occupation: Chairman & CEO	4-9-99	\$5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt this Period</th>	Amount of Each Receipt this Period
Larry Steward 8134 JESSA DR. HUDSON, OH 44136	INVOcare Corporation Occupation: VP Human Resources	4-6-99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) \$1,788.00

FORM 7090-10-99 11-99-99

SCHEDULE A

ITEMIZED RECEIPTS

AMENDED

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

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

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NAME OF COMMITTEE (In Full)

INACARE Political Action Committee AKA INAPAC

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 Westley Circle Avon Lake, OH 44021 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INACARE Corporation Occupation: Corporate Group Controller Aggregate Year-to-Date > \$ 250.00	4-16-99	\$ 250.00
Michael A. Petty 31755 Leeward Ct. Avon Lake, OH 44012 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INACARE Corporation Occupation: VP - distributed products Aggregate Year-to-Date > \$ 250.00	5-16-99	\$ 250.00
Joseph B. Richey 7325 Stump Hollow Lane Chagrin Falls, OH 44022 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INACARE Corporation Occupation: Senior VP Aggregate Year-to-Date > \$ 5,000.00	6-8-99	\$ 5,000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

5,500.00

20,549.09

2025 RELEASE UNDER E.O. 14176

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

08/03/99

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First Class Mail

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Date of Receipt

Received from the Senate Office of Public Records

Date of Receipt

Other (Specify):

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and/or Date of Receipt

Electronic Filing

SN
PREPARER

08/03/99
DATE PREPARED