

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAY 1997

FEB 5 2 25 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00249896 120695 P 245

JEROME E FOX JR
INVACARE CORPORATION POLITICAL
ACTION COMMITTEE AKA INVA PAC
899 CLEVELAND STREET
ELYRIA OH 44036

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

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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Nov 21, 1996</u> through <u>DEC. 31, 1996</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 9435.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 6261.61	
(c) Total Receipts (from Line 19)	\$ 3287.07	\$ 47889.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 9548.68	\$ 57325.52
7. Total Disbursements (from Line 20)	\$ -0-	\$ 47776.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 9548.68	\$ 9548.68
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 999 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

JEROME E. FOX JR

Signature of Treasurer

Date

1/30/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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 - AKA INVACARE PAC I Receipts		REPORT COVERING PERIOD	
		FROM	TO
		11/20/96	12/31/96
		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)	2589.00	35728.06	11(a)(i)
ii. Unitemized	652.02	11587.21	11(a)(ii)
iii. Total (add i and ii) >	3241.02	47315.27	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	3241.02	47315.27	11(d)
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.)	46.05	574.57	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3287.07	47889.84	19
20. Total Federal Receipts (subtract line 18 from line 19) >	3287.07	47889.84	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	- 0 -	47776.84	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	- 0 -	47776.84	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	- 0 -	47776.84	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3241.02	47776.84	32
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3241.02	47776.84	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	- 0 -	- 0 -	35
36. Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -	36
37. Net Operating Expenditures (subtract line 36 from 35) >	- 0 -	- 0 -	37

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NAME OF COMMITTEE (In Full)

INVACARE Corporation Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Christophere Altes 771 KENNEDY PIKE LAKE MARY, FL. 32746	INVACARE CORPORATION	Twice Monthly via Payroll	62.49 (20.83 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP-OPERATIONS 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
Donald P. Andersen 3255 Smoky Ridge Way Carmel IN 46032	INVACARE CORPORATION	Twice Monthly via Payroll	150.00 (50.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V-P RESERVATORY Aggregate Year-to-Date > \$ 900.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JAMES ANDRIAK 31193 Mulfield Way Westlake, OHIO 44145	INVACARE CORPORATION	Twice Monthly via Payroll	60.00 (20.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. of MFG. Aggregate Year-to-Date > \$ 300.00		
D. 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 North Olmsted, OHIO 44070	INVACARE CORP	Twice Monthly via Payroll	150.00 (50.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: COO Aggregate Year-to-Date > \$ 2700.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
OLIVER BOONE P.O. Box 89 Garrison NJ 10524	INVACARE	-	- 0 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Bus. Unit MGR Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARY LEE BOWEN 4783 TIEDERMAN RD Brooklyn Ohio 44144	INVACARE CORP.	-	- 0 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Bus Unit MGR 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
Thomas J. Buckley 29267 NOTTINGHAM CT. WESTLAKE, OHIO 44145	INVACARE CORP.	-	- 0 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V-P STA. Products Aggregate Year-to-Date > \$ 1000.00		

SUBTOTAL of Receipts This Page (optional) 422.49

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
INVA CARE CORPORATION Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK Callahan 3195 Roundwood Rd. Hunting Valley Ohio 44022	Crawford F. Hing Director - INVA CARE Occupation President / Board member	-	- 0 -
FRANK B. CAER 2005 Chestnut Hills Clev. HTS, Ohio 44102	McDONALD'S CO Director - INVA CARE Occupation Managing Dir / Board member	-	- 0 -
RONALD J. Compiseno 3917 Linwood Rd. Rocky River, Ohio 44116	INVA CARE Occupation Dir. of HR	Twice monthly via Payroll	9.00 (3.00 PER PAY PERIOD)
JAYAC M. CUNYON 336 Greenbriar Dr. Aurora Lake, Ohio 44012	INVA CARE Occupation MGR Payroll	-	- 0 -
WILLIAM COOPERAN 388 Bounty way Aurora Lake, Ohio 44012	INVA CARE Occupation BUS UNIT MGR	Twice monthly via Payroll	120.00 (40.00 PER PAY PERIOD)
ELWOOD E. DALL P.O. Box 62 Milan, Ohio 44846	INVA CARE Occupation Dir. Purchasing	-	- 0 -
JOHN DMYTEW 7439 LAUREL DR. MENTOR OHIO 44060	INVA CARE Occupation Dir. of MFG.	-	- 0 -

UBTOTAL of Receipts This Page (optional) 129.00

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 17
FOR LINE NUMBER 11 (CARE)

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NAME OF COMMITTEE (in Full)
INVACARE CORPORATION Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Whitney Evans 4480 Grove St. Sonoma CA 95476	INVACARE BOARD of Directors	-	- 0 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 600.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome E. Fox Jr. 441 WOODBURN CIR BEREA OHIO 44017	INVACARE	Twice Monthly via Payroll	45.00 (15.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: TAX Director	Aggregate Year-to-Date > \$ 345.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florian Kete 536 WALMAN DR Bay Village, Ohio 44140	INVACARE	Twice Monthly via Payroll	50.01 (16.67 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir of HR	Aggregate Year-to-Date > \$ 400.08	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHLEEN LEVEGHAN 14624 Birchwood Dr. Cleveland, Ohio 44111	INVACARE	-	- 0 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Controller - STD Adm.	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WARREN LOWERY 3326 MADRISH CREST ORLANDO, FLORIDA 32817	INVACARE	Twice Monthly via Payroll	37.50 (12.50 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir of MFG.	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R. Mielich 18541 NAUTICKET DR SPRINGVILLE, OHIO 44136	INVACARE	-	- 0 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CFO	Aggregate Year-to-Date > \$ 350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. MALACHI MILES III 2484 STRATFORD RD Cleveland HTS Ohio 44118	INVACARE	-	- 0 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman President CEO	Aggregate Year-to-Date > \$ 5000.00	

SUBTOTAL of Receipts This Page (optional) 132.51

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

INVACARE CORPORATION Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael E. Parsons 11000 DEER RUN DRIVE GRAFTON, OHIO 44044	INVACARE	-	- 0 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - SALES Aggregate Year-to-Date: \$ 1500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH B. Richey 2834 COURTEANS BLVD SHAKER HTS, OHIO 44122	INVACARE	-	- 0 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SENIOR VP Aggregate Year-to-Date: \$ 5000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Sayers III 7334 AUBURNWOOD HAROLD, OHIO 44236	INVACARE	Twice monthly via Payroll	225.00 (75.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V-P of H.R. Aggregate Year-to-Date: \$ 1800.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis F.J. Stangor 550 HAMPSHIRE RD. AKRON OHIO 44313	INVACARE	Twice Monthly via Payroll	624.99 (208.33 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - SALES / MKTG. Aggregate Year-to-Date: \$ 4479.99		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS J. SULLIVAN 4237 BERKELEY DR Sheffield Village, OHIO 44054	INVACARE	-	- 0 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: TREASURY MGR Aggregate Year-to-Date: \$ 200.00		
F. 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 ST CHACEW FALLS OH 44022	INVACARE	Twice Monthly via Payroll	405.00 (135.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V-P POWER Aggregate Year-to-Date: \$ 3180.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALAN D. WANCOTT 32388 STONEY BROOK AVON LAKE, OHIO 44022	INVACARE	Twice Monthly via Payroll	75.00 (25.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUS. UNIT MGR Aggregate Year-to-Date: \$ 600.00		

TOTAL of Receipts This Page (optional) 1329.99

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
INVA CARE Corporation Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS WATFIELD III 5226 Huron St. VERMILION OH, 44084 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INVA CARE Occupation: V-P, Electronics Aggregate Year-to-Date > \$ 900.00	Twice Monthly via Payroll	150.00 (50.00 Per Pay Period)
B. Full Name, Mailing Address and ZIP Code WILLIAM WEBER 3200 ZOWNSWOOD RD CHAGIN FALLS, OHIO 44122 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INVA CARE Occupation: PRES / BOARD MEMBER Aggregate Year-to-Date > \$ 500.00	- - -	- 0 -
C. Full Name, Mailing Address and ZIP Code THOMAS WIEGAND 633 WALLESEY CIRCLE AVALON LAKE, OHIO 44012 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INVA CARE Occupation: Controller - AMERICA Aggregate Year-to-Date > \$ 500.00	- - -	- 0 -
D. Full Name, Mailing Address and ZIP Code DAVID T. WILLIAMS 901 SHAWLAN AMHERST, OHIO 44001 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INVA CARE Occupation: Dir Communications Aggregate Year-to-Date > \$ 600.00	Twice Monthly via Payroll	75.00 (25.00 Per Pay Period)
E. Full Name, Mailing Address and ZIP Code KELLY WOLF 12215 ASBURY PARK ROSWELL GA 30075 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INVA CARE Occupation: REGIONAL MGR-Sales Aggregate Year-to-Date > \$ 375.00	Twice Monthly via Payroll	50.01 (16.67 Per Pay Period)
F. Full Name, Mailing Address and ZIP Code MARTIN ZIEMANSKI 24435 MARIA LAKE NORTH OLMITZ OHIO 441070 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INVA CARE Occupation: Retail MGR Aggregate Year-to-Date > \$ 360.00	Twice Monthly via Payroll	45.00 (15.00 Per Pay Period)
G. Full Name, Mailing Address and ZIP Code JOHN WEIGT 1326 W. 36th Street SAN PEDRO, CA 90731 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INVA CARE Occupation: REGIONAL SALES MGR Aggregate Year-to-Date > \$ 370.00	Twice Monthly via Payroll	45.00 (15.00 Per Pay Period)

SUBTOTAL of Receipts This Page (optional) 365.01
 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 6 OF 7
FOR LINE NUMBER 11(9)(c)

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NAME OF COMMITTEE (In Full)

INVACARE CORPORATION Political Action Comm. Hcc AKA Inva Pac

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER GOONWIK 984 WELLINGTON OUIDO, FLORIDA 32765	INVACARE Production Manager	Twice monthly via payroll	30.00 (10.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	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
STEVEN CLARK 1013 TERRACE DR. MISSION, TEXAS 78572	INVACARE Business Unit MGR	Twice monthly via payroll	30.00 (10.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 240.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES M. FERIANZEL 330 Willow Green TRAIL Copley, Ohio 44324	INVACARE INFO SYSTEMS MGR	Twice monthly via payroll	30.00 (10.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 240.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROLAND MENTESSI 8540 OAKWOOD LANE NORTH REGALWAY, OHIO 44133	INVACARE Engineering MGR	Twice monthly via payroll	30.00 (10.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 240.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES K. SCHWARTZ 3 ANNA DR. Budd Lake, New Jersey 07824	ALLIES HEALTH CARE SERVICES, INC. OPERATIONS MGR		0.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK C. SULLIVAN 707 LINDEN ST Ann Arbor, Ohio 44001	INVACARE Marketing MGR	Twice monthly via payroll	30.00 (10.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 240.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM F. SWART 9 WOODBRIFF TERRACE W. Orange New Jersey 07052	INVACARE Territory Sales MGR	Twice monthly via payroll	30.00 (10.00 Per Pay Period)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 230.00		

SUBTOTAL of Receipts This Page (optional) 180.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
INVAACOR CORPORATION POLITICAL ACTION COMMITTEE AKA INVAPAC

A. Full Name, Mailing Address and ZIP Code LOUIS S. HYSTER 705 OAKHURST DR. AMHERST, OHIO 44001	Name of Employer INVAACOR CORPORATION	Date (month, day, year) Twice monthly via ACH	Amount of Each Receipt this Period 30.00 (1200 Per Pay Period)
	Occupation Director TUC Power Maintenance	Aggregate Year-to-Date \$ 210.00	
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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	

C. 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 \$	

D. 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 \$	

E. 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 \$	

F. 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 \$	

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) 30.00
TOTAL This Period (last page this line number only) 2589.00

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 1-31-97
<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

K.B.
PREPARER

7-5-97
DATE PREPARED