

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
FEB 3 12 55 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Jerome E. Fox Jr. Invacare Corporation Political		2. FEC IDENTIFICATION NUMBER C 00249896
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Action Committee AKA INVA PAC 1 Invacare Way		
CITY, STATE and ZIP CODE Elyria, Ohio 44036		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

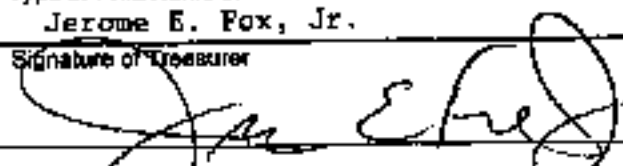
4. TYPE OF REPORT

- (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
- 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>7/1/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19__		\$ 9,548.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 20,674.41	
(c) Total Receipts (from Line 18)	\$ 14,591.32	\$ 47,217.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 35,265.73	\$ 56,765.73
7. Total Disbursements (from Line 30)	\$ 19,000.00	\$ 40,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 16,265.73	\$ 16,265.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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 1/30/98

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 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		REPORT COVERING PERIOD FROM 7/1/97 TO 12/31/97	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		13,243.92	39,483.72
ii. Unitemized		828.42	6,893.28
iii. Total (add i and ii) >		14,072.34	46,377.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		14,072.34	46,377.00
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.)		518.98	840.05
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		14,591.32	47,217.05
20. Total Federal Receipts (subtract line 18 from line 19) >		14,591.32	47,217.05
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, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		19,000.00	40,500.00
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. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		19,000.00	40,500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		19,000.00	40,500.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		14,072.34	46,377.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		14,072.34	46,377.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
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 Corporation 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
Donald P. Andersen 3255 Smokey Ridge Way Carmel, IN 46032	Invacare Corporation	Twice Monthly via Payroll	350 (50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP--Respiratory Aggregate Year-to-Date > \$ 950		
B. 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, Ohio 44012	Invacare Corporation	Twice Monthly via Payroll	480 (40 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Unit Leader Aggregate Year-to-Date > \$ 960		
C. 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 Drive Budd Lake, NJ 07828	Allied Health Care Services, Inc.	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 500		
D. 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 Amherst, Ohio 44001	Invacare Corporation	Twice Monthly via Payroll	360 (30 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Comm. Aggregate Year-to-Date > \$ 690		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Curt Lampe 799 Three Fox Lane West Chester, PA 19380	Invacare Corporation	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Regional Manager Aggregate Year-to-Date > \$ 200		
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 Street Chagrin Falls, Ohio 44022	Invacare Corporation	Twice Monthly via Payroll	2,740 (145 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP--Rehab Aggregate Year-to-Date > \$ 3,420		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elwood E. Dall P.O. Box 62 Milan, Ohio 44846	Invacare Corporation	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir.--Corp. Purchasing Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional) _____

3,930

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 6
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in Full)

Invacare Corporation 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
Christopher C. Allard 771 Kenneland Pike Circle Lake Mary, PL 32746	Invacare Corporation	Twice Monthly via Payroll	249.96 (30.83 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP--Operations Aggregate Year-to-Date > \$ 499.92		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Garrie A. Gillespie 7009 Kingscote Park Independence, OH 44131	Invacare Corporation	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Purchasing Manager Aggregate Year-to-Date > \$ 200		
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, Ohio 44122	Invacare Corporation	Twice Monthly via Payroll	2,499.96 (208.33 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP--TOM Aggregate Year-to-Date > \$ 3,749.96		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William M. Weber 3200 Roundwood Road Chagrin Falls, Ohio 44022	Roundwood Capital Invacare Board Member	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President/Invacare Bd. Aggregate Year-to-Date > \$ 1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Thaler 724 Washington Avenue Elyria, Ohio 44035	Invacare Corporation	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP--Corporate Services Aggregate Year-to-Date > \$ 1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Whitney Evans 4480 Grove Street Sonoma, CA 95476	Invacare Board of Directors	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Board of Directors Aggregate Year-to-Date > \$ 700		
H. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald D. Campopiano 6961 Cherbourg Gardens Mississauga, Ontario L5N1M9	Invacare Canada	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP & GM Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

2,749.92

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 Invacare Corporation 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
Mary Lee Bowen 4783 Tiedeman Road Brooklyn, Ohio 44144	Invacare Corporation	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Unit Manager		
	Aggregate Year-to-Date > \$ 300		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Francis J. Callahan 3195 Roundwood Road Hunting Valley, Ohio 44022	Crawford Fitting Director--Invacare	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/Board Member		
	Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas V. Wiegand 533 Wellesley Circle Avon Lake, Ohio 44012	Invacare Corporation	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Controller		
	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank B. Carr 2005 Chestnut Hills Drive Cleveland Heights, Ohio 44106	Invacare Corporation	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. Employee Relations		
	Aggregate Year-to-Date > \$ 1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gerald B. Blouch 132 Greenward Way South North Olmsted, Ohio 44070	Invacare Corporation	Twice monthly via Payroll	1,200 (100.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO		
	Aggregate Year-to-Date > \$ 5,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Florian Kete 336 Walmar Drive Bay Village, Ohio 44140	Invacare Corporation	Twice monthly via Payroll	249.96 (20.83 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. Mgt. Development		
	Aggregate Year-to-Date > \$ 474.88		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Theodore D. Wakefield, III 5626 Huron Street Vermillion, Ohio 44089	Invacare Corporation	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP--Electronics		
	Aggregate Year-to-Date > \$ 300		

SUBTOTAL of Receipts This Page (optional) 1,449.96

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 4 OF 6
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (In Full)

Invacare Corporation 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
James M. Ankoviak 3732 Greenbrier Circle Westlake, Ohio 44145	Invacare Corporation	Twice monthly via payroll	240 (20.83 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Operations Aggregate Year-to-Date > \$ 440.00		
B. 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 Corporation	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - Std. Products Aggregate Year-to-Date > \$ 2,000		
C. 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 Rd. Cleveland Hts., Ohio 44118	Invacare Corporation	N/A	None
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & CEO Chairman Aggregate Year-to-Date > \$ 5,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kelly D. Wolf 12215 Asbury Park Drive Roswell, GA 30075	Invacare Corporation	Twice monthly via payroll	249.96 (20.83 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Area VP of Sales Aggregate Year-to-Date > \$ 474.88		
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 Hampshire Rd. Akron, Ohio 44313	Invacare Corporation	Twice monthly	2,500.08 (208.34 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - Sales/Mktg. Aggregate Year-to-Date > \$ 5,000.10		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren D. Lowery 3326 Hadleigh Crest Orlando, FL 32817	Invacare Corporation	Twice Monthly Via Payroll	180.00 (15.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Operations, Florida Aggregate Year-to-Date > \$ 345		
G. 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 Royalton, Ohio 44133	Invacare Corporation	Twice Monthly Via Payroll	120.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager of Power Rehab. Engineering Aggregate Year-to-Date > \$ 240		

SUBTOTAL of Receipts This Page (optional)

3,290.04

TOTAL This Period (last page this line number only)

N/A

SCHEDULE A

ITEMIZED RECEIPTS

Line expenses schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 6
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (In Full)

Invacare Corporation 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
Peter Bodnarik 984 Wellington Oveido, FL 32765	Invacare Corporation	Twice Monthly Via Payroll	180.00 (15.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Purchasing Manager	Aggregate Year-to-Date > \$ 330.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. C. Clark 33 Long Pointe Drive Avon Lake, Ohio 44012	Invacare Corporation	Twice Monthly Via Payroll	120.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Svcs. Group	Aggregate Year-to-Date > \$ 240	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Dmytriw 7439 Lauren J Drive Mentor, Ohio 44060	Invacare Corporation	Twice Monthly Via Payroll	240.00 (20.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Operations - Ohio	Aggregate Year-to-Date > \$ 360	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David P. Dzurik 37849 French Creek Road Avon, Ohio 44011	Invacare Corporation	Twice Monthly Via Payroll	120.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr. of Technical Resources	Aggregate Year-to-Date > \$ 210	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M. Feriance 330 Willow Green Trail Copley, Ohio 44321	Invacare Corporation	Twice Monthly Via Payroll	120.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Systems Development	Aggregate Year-to-Date > \$ 240	
F. 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 Woodbridge Circle Berea, Ohio 44017	Invacare Corporation	Twice Monthly Via Payroll	204.00 (17.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Tax Director	Aggregate Year-to-Date > \$ 377.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis J. Hyster 705 Oakherst Drive Amherst, Ohio 44001	Invacare Corporation	Twice Monthly Via Payroll	120 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager Tooling	Aggregate Year-to-Date > \$ 240.00	

SUBTOTAL of Receipts This Page (optional)

1,104

TOTAL This Period (last page this line number only)

N/A

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Invacare Corporation 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
Mark C. Sullivan 707 Lincoln Street Amherst, Ohio 44001	Invacare Corporation	Twice Monthly	120.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Marketing Manager Aggregate Year-to-Date > \$ 240	Via Payroll	
Kimberly S. Wilhelm 2010 Gulf Road Elyria, Ohio 44035	Invacare Corporation	Twice Monthly	240.00 (20.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager of Account Services Aggregate Year-to-Date > \$ 360	Via Payroll	
Jon Wright 1326 W. 36th Street San Pedro, CA 90731	Invacare Corporation	Twice Monthly	180.00 (15.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Area VP of Sales Aggregate Year-to-Date > \$ 360	Via Payroll	
Martin J. Ziemanski 24435 Maria Lane North Olmsted, Ohio 44070	Invacare Corporation	Twice Monthly	180.00 (15.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: System Project Manager Aggregate Year-to-Date > \$ 360	Via Payroll	

SUBTOTAL of Receipts This Page (optional)	720.00
TOTAL This Period (last page this line number only)	13,243.92

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Invacore Corporation Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Senator D'Amato P.O. Box 888 Mineola, NY 11501	R--New York--Senate		
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/97 9/23/97	2,000.00 2,500.00
Citizens for Kasich 865 Macon Alley Columbus, OH 43206	Purpose of Disbursement Ohio--12th	Date (month, day, year) 9/02/97	Amount of Each Disbursement This Period 1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Purpose of Disbursement California--21st	Date (month, day, year) 9/02/97	Amount of Each Disbursement This Period 1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Voinovich for Senate 8 East Broad Street, 8th Floor Columbus, OH	Purpose of Disbursement Ohio--Senate	Date (month, day, year) 9/02/97 12/16/97	Amount of Each Disbursement This Period 1,000.00 2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Friends of Senator Nickles P.O. Box 21033 Alexandria, VA 22320	Purpose of Disbursement Oklahoma--Senate	Date (month, day, year) 10/14/97	Amount of Each Disbursement This Period 5,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Bob Kerry for U.S. Senate Committee 3412 "P" Street N.W. Washington, D.C. 20007	Purpose of Disbursement Nebraska--Senate	Date (month, day, year) 10/30/97	Amount of Each Disbursement This Period 1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Friends of Harry Reid 244 C Street N.E. Washington, D.C. 20002	Purpose of Disbursement Nevada--Senate	Date (month, day, year) 10/30/97	Amount of Each Disbursement This Period 1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
The Capital Committee 257 East 200 South Suite 950 Salt Lake City, UT 84111	Purpose of Disbursement Utah--Sen. Orin Hatch	Date (month, day, year) 11/11/97	Amount of Each Disbursement This Period 2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Boyle for Senate Committee P.O. Box 6328 Cleveland, OH 44101	Purpose of Disbursement Ohio--Senate	Date (month, day, year) 12/13/97	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 19,000.00

TOTAL This Period (last page this line number only) N/A

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wyden For Senate P. O. Box 3498 Portland, OR 97208	Oregon - Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/97	500.00
B. Full Name, Mailing Address and ZIP Code Johnson For Congress P. O. Box 1986 New Britain, CT	CT - 6th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/97	(500.00)
C. 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
D. 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
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)	0.00
TOTAL This Period (last page this line number only)	19,000.00

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 1-31-98
<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	
MUD	2-3-98
PREPARER	DATE PREPARED