

RECEIVED

2012 JAN 23 AM 11:47

FEC MAIL CENTER

Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

InfoCision Management Corporation PAC

ADDRESS (number and street) 325 Springside Drive Akron OH 44383

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00407098

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report

- (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31

- (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special

- (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10/01/2011 through 12/31/2011

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

Signature of Treasurer [Handwritten Signature]

Date 01/13/2011

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

Table with 10 columns for Office Use Only

12030712150

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

InfoCision Management Corporation PAC

Report Covering the Period: From: / / To: / /

12030712151

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="10,262.63"/>	<input type="text" value="10,262.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12,112.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="630.00"/>	<input type="text" value="2,730.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="12,742.63"/>	<input type="text" value="12,992.63"/>
7. Total Disbursements (from Line 31)	<input type="text" value="250.00"/>	<input type="text" value="500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="12,492.63"/>	<input type="text" value="12,492.63"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="-0-"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="-0-"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

InfoCision Management Corporation PAC

Report Covering the Period: From:

10 01 2011

To:

12 31 2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

630.00

2,100.00

-0-

-0-

-0-

-0-

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

-0-

-0-

-0-

-0-

630.00

2,100.00

12. Transfers From Affiliated/Other Party Committees.....

-0-

-0-

-0-

-0-

13. All Loans Received.....

-0-

-0-

14. Loan Repayments Received.....

-0-

-0-

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

-0-

-0-

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

-0-

-0-

17. Other Federal Receipts (Dividends, interest, etc.).....

-0-

-0-

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

-0-

-0-

(b) Levin Funds (from Schedule H5).....

-0-

-0-

(c) Total Transfers (add 18(a) and 18(b)).....

-0-

-0-

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

630.00

2,100.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

-0-

-0-

12030712152

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	-0-	-0-
(ii) Non-Federal Share.....	-0-	-0-
(b) Other Federal Operating Expenditures	-0-	-0-
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-0-	-0-
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	-0-	-0-
(b) Political Party Committees	-0-	-0-
(c) Other Political Committees (such as PACs)	-0-	-0-
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	-0-	-0-
(ii) "Levin" Share	-0-	-0-
(b) Federal Election Activity Paid Entirely With Federal Funds	-0-	-0-
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	-0-	-0-
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	250.00	500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	-0-	-0-

12030712153

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

12030712154

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	630.00	2,100.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	630.00	2,100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-0-	-0-
37. Offsets to Operating Expenditures (from Line 15, page 3)	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-0-	-0-

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
		<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial)
A. Brubkaer, Steve

Mailing Address
75 Burton Drive

City State Zip Code
Munroe Falls OH 44262

FEC ID number of contributing federal political committee.
C 0-0-4-0-7-0-9-8

Name of Employer Occupation
InfoCision Management Corp. Sr. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,300.00

Date of Receipt
12 / 31 / 2011

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Talabec, Andrew

Mailing Address
451 Rockglen Drive

City State Zip Code
Wadsworth, OH 44281

FEC ID number of contributing federal political committee.
C 0-0-4-0-7-0-9-8

Name of Employer Occupation
InfoCision Management Corp. Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
12 / 31 / 2011

Amount of Each Receipt this Period
120.00

Full Name (Last, First, Middle Initial)
C. Parker, Tina

Mailing Address
3475 Breeze Knoll Drive

City State Zip Code
Youngstown OH 44505

FEC ID number of contributing federal political committee.
C 0-0-4-0-7-0-9-8

Name of Employer Occupation
InfoCision Management Corp. Call Center Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
78.00

Date of Receipt
12 / 31 / 2011

Amount of Each Receipt this Period
18.00

SUBTOTAL of Receipts This Page (optional).....▶ **438.00**

TOTAL This Period (last page this line number only).....▶

12030712155

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>
<input type="checkbox"/>	15	<input type="checkbox"/>	12	<input type="checkbox"/>
<input type="checkbox"/>	16	<input type="checkbox"/>	17	<input type="checkbox"/>

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)
InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial)

A. Campbell, Wayne
Mailing Address
6603 Valleyvista Drive
City Mayfield Heights State OH Zip Code 44124
FEC ID number of contributing federal political committee. C 000407098
Name of Employer: InfoCision Management Corp. Occupation: Product Support Engineer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 260.00

Date of Receipt
12 / 31 / 2011

Amount of Each Receipt this Period
60.00

Full Name (Last, First, Middle Initial)

B. Kingsburg, Fred
Mailing Address
1309 Perry Drive NW
City Canton State OH Zip Code 44708
FEC ID number of contributing federal political committee. C 000407098
Name of Employer: InfoCision Management Corp. Occupation: Sr. Program Supervisor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 260.00

Date of Receipt
12 / 31 / 2011

Amount of Each Receipt this Period
60.00

Full Name (Last, First, Middle Initial)

C. Sun, Roy
Mailing Address
1227 Meadow Run
City Copley State OH Zip Code 44321
FEC ID number of contributing federal political committee. C 000407098
Name of Employer: InfoCision Management Corp. Occupation: Application Developer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 52.00

Date of Receipt
12 / 31 / 2011

Amount of Each Receipt this Period
12.00

SUBTOTAL of Receipts This Page (optional)..... 132.00
TOTAL This Period (last page this line number only).....

12030712156

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE		OF
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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)
InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial) A. Bennington, Lois		Date of Receipt 12 / 31 / 2011
Mailing Address 7447 Jimmie Street SW		Amount of Each Receipt this Period 30.00
City Massillon	State Zip Code OH 44646	
FEC ID number of contributing federal political committee. C 0 0 4 0 7 0 9 8		Amount of Each Receipt this Period 130.00
Name of Employer InfoCision Management Corp.	Occupation Sr. Data Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 130.00	

Full Name (Last, First, Middle Initial) B. Rothrock, Diane		Date of Receipt 12 / 31 / 2011
Mailing Address 641 Hampton Ridge Drive		Amount of Each Receipt this Period 30.00
City Akron	State Zip Code OH 44313	
FEC ID number of contributing federal political committee. C 0 0 4 0 7 0 9 8		Amount of Each Receipt this Period 130.00
Name of Employer InfoCision Management Corp.	Occupation Executive Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 130.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 4 0 7 0 9 8		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	630.00

12030712157

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29

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)
InfoCision Management Corporation PAC

A. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Dick Norton

Date of Disbursement
10 / 25 / 2011

Mailing Address
1441 Summer Wood Lane

City: Uniontown State: OH Zip Code: 44685

Purpose of Disbursement: Fundraising Event

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period
250.00

Category/Type

B. Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period

Category/Type

C. Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶ 250.00

TOTAL This Period (last page this line number only).....▶ 250.00

12030712158

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
				<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] = 0-
TOTALS This Period (last page in this line only).....▶	[] = 0-

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030712159

12030712160

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) InfoCision Management Corporation PAC	FEC IDENTIFICATION NUMBER C
--	------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan 0	Interest Rate (APR) %
---	-------------------------	------------------------------

Mailing Address	Date Incurred or Established	MM / DD / YYYY
City State Zip Code	Date Due	MM / DD / YYYY

A. Has loan been restructured? No Yes If yes, date originally incurred MM / DD / YYYY

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____
 Date account established: MM / DD / YYYY Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE MM / DD / YYYY
---	------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE MM / DD / YYYY
--	-------	------------------------

12030712161

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....▶	-0-
2) TOTALS This Period (last page this line number only).....▶	-0-
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	-0-

12030712162

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) InfoCision Management Corporation PAC	FEC IDENTIFICATION NUMBER C
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0
(c) TOTAL Independent Expenditures.....	0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date _____

12030712163

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	
<input type="checkbox"/>	Check if 24-hour notice

NAME OF COMMITTEE (In Full) InfoCision Management Corporation PAC	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type	
Mailing Address				Date			
City		State		Zip Code			
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				Amount			
				Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)			
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type	
Mailing Address				Date			
City		State		Zip Code			
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				Amount			
				Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)			
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type	
Mailing Address				Date			
City		State		Zip Code			
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				Amount			
				Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)			

SUBTOTAL of Expenditures This Page (optional).....▶	-0-
TOTAL This Period (last page this line number only).....▶	0

12030712164

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

12030712165

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
 InfoCision Management Corporation PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

12030712166

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[0] %	[0] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[0] %	[0] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[0] %	[0] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[0] %	[0] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[0] %	[0] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[0] %	[0] %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF TRANSFER RECEIVED

I) Total Administrative		-0-
II) Generic Voter Drive		-0-
III) Exempt Activities.....		-0-
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		-0-
b) _____		-0-
c) Total Amount Transferred For Direct Fundraising		-0-
v) Direct Candidate Support (List Activity or Event Identifier)		
a) _____		-0-
b) _____		-0-
c) Total Amount Transferred For Direct Candidate Support.....		-0-
vi) Public Communications Referring Only to Party (Made by PAC)		-0-

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)		-0-
TOTAL This Period (Generic Voter Drive)		-0-
TOTAL This Period (Exempt Activities)		-0-
TOTAL This Period (Direct Fundraising)		-0-
TOTAL This Period (Direct Candidate Support)		-0-
TOTAL This Period (Public Communications Referring Only to Party)		-0-
TOTAL This Period (Total Amount Transferred)		-0-

12030712167

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

A. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement:
 Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
 Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement:
 Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
 Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement:
 Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
 Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

12030712168

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID.....
- iii) **GOTV**
Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID.....
- iii) **GOTV**
Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	-0-
TOTAL This Period (Voter ID).....	-0-
TOTAL This Period (GOTV).....	-0-
TOTAL This Period (Generic Campaign Activity).....	-0-
TOTAL This Period (Total Amount of Transfers Received).....	-0-

12030712169

12030712170

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)**

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
-0-		-0-	= -0-
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
-0-		-0-	-0-
TOTAL This Period for the Levin Share			
		-0-	

12030712171

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

12030712172

NAME OF COMMITTEE (In Full)
Infovision Management Corporation PAC
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	-0-	-0-
(b) Unitemized	-0-	-0-
(c) Total	-0-	-0-
2. OTHER RECEIPTS	-0-	-0-
3. TOTAL RECEIPTS (Add Lines 1c and 2)	-0-	-0-
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	-0-	-0-
(b) Voter ID	-0-	-0-
(c) GOTV	-0-	-0-
(d) Generic Campaign	-0-	-0-
(e) Total	-0-	-0-
5. OTHER DISBURSEMENTS	-0-	-0-
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	-0-	-0-
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	-0-	-0-
8. RECEIPTS (from Line 3)	-0-	-0-
9. SUBTOTAL (Add Lines 7 and 8)	-0-	-0-
10. DISBURSEMENTS (From Line 6)	-0-	-0-
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	-0-	-0-

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1a

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)
InfoCision Management Corporation PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

12030712173

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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)
InfoCision Management Corporation PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	<input type="text"/>
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	<input type="text"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	<input type="text"/>
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	<input type="text"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	<input type="text"/>
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	<input type="text"/>

D. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	<input type="text"/>
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	<input type="text"/>

E. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	<input type="text"/>
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	<input type="text"/>

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

.....-0-
.....-0-

12030712174

12030712175

Month	Donor	Amt
October	Lois Bennington	10.00
October	Steve Brubaker	100.00
October	Wayne Campbell	20.00
October	Fred Kingsbury	20.00
October	Tina Parker	6.00
October	Diane Rothrock	10.00
October	Roy Sun	4.00
October	Andrew L Talabac	40.00
November	Lois Bennington	10.00
November	Steve Brubaker	100.00
November	Wayne Campbell	20.00
November	Fred Kingsbury	20.00
November	Tina Parker	6.00
November	Diane Rothrock	10.00
November	Roy Sun	4.00
November	Andrew L Talabac	40.00
December	Lois Bennington	10.00
December	Steve Brubaker	100.00
December	Wayne Campbell	20.00
December	Fred Kingsbury	20.00
December	Tina Parker	6.00
December	Diane Rothrock	10.00
December	Roy Sun	4.00
December	Andrew L Talabac	40.00
	Total	630.00

InfoCision PAC Filing - Oct - Dec 2011
Employee Contribution Summary

Sum of Amt

Donor
Lois Bennington
Steve Brubaker
Wayne Campbell
Fred Kingsbury
Tina Parker
Diane Rothrock
Roy Sun
Andrew L Talabac
Grand Total

Oct - Dec Total

Donor	October	November	December	Grand Total
Lois Bennington	10.00	10.00	10.00	30.00
Steve Brubaker	100.00	100.00	100.00	300.00
Wayne Campbell	20.00	20.00	20.00	60.00
Fred Kingsbury	20.00	20.00	20.00	60.00
Tina Parker	6.00	6.00	6.00	18.00
Diane Rothrock	10.00	10.00	10.00	30.00
Roy Sun	4.00	4.00	4.00	12.00
Andrew L Talabac	40.00	40.00	40.00	120.00
Grand Total	210.00	210.00	210.00	630.00

Sum of Amt

Donor
Lois Bennington
Steve Brubaker
Wayne Campbell
Fred Kingsbury
Tina Parker
Diane Rothrock
Roy Sun
Andrew L Talabac
Grand Total

Qtr 1 - Qtr 4 Total

Donor	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Grand Total
Lois Bennington	35.00	30.00	35.00	30.00	130.00
Steve Brubaker	350.00	300.00	350.00	300.00	1,300.00
Wayne Campbell	70.00	60.00	70.00	60.00	260.00
Fred Kingsbury	70.00	60.00	70.00	60.00	260.00
Tina Parker	21.00	10.00	21.00	18.00	78.00
Diane Rothrock	35.00	30.00	35.00	30.00	130.00
Roy Sun	14.00	12.00	14.00	12.00	52.00
Andrew L Talabac	140.00	120.00	140.00	120.00	520.00
Grand Total	735.00	630.00	735.00	630.00	2,730.00

InfoCision

THE highest quality call center company in the world!®

CHECK REQUEST

Date: October 12, 2011 Requested by: Diane Rothrock
Amount \$250.00 from PAC Account Department: Corporate Affairs
Required When: At your earliest convenience Mail Check: Yes No XXX
Payable To: Committee to Re-elect Dick Norton
Address: 1441 Summer Wood Lane
City: Uniontown State: OH Zip: 44685
Contact: Rick Jacobson Phone: 330.899.9961

Reason for Check: \$250.00 for a special fundraising evening for Mayor Dick Norton at Don & Mary Taylor's house in Green on Tues Oct. 25th. Jamie will pick up the check at Noon on 10.25.11. Thank You!

Requested by Diane Rothrock Date: October 12, 2011
Print Name Diane Rothrock Title: Exec. Asst. to Steve Brubaker
Sr. VP Approval *Steve Brubaker* Date: 10.25.11
(Signature)
Print Name Steve Brubaker Title: Chief of Staff

Security enhanced document. See back for details.

IMC PAC

101

56-55/412
13370

DATE 10-24-11

PAY
TO THE
ORDER OF

Committee to Re-elect Dick Norton

\$ 250.00

Two hundred fifty dollars and 00/100 - - - - -

DOLLARS

Security features
are printed
on the back.

FIRSTMERIT Tower Office

www.firstmerit.com

FOR _____

[Signature]

MP

12030712176

GUARDIAN © SAFETY

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked
1/19/12

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2005)

1/23/12
DATE PREPARED

12030712177