



THE highest quality call center company in the world!®

RECEIVED  
FED MAIL CENTER

2009 JAN 14 PM 3:29

January 13, 2009

Federal Election Commission  
Attn: Patricia Carmona  
999 E. Street NW  
Washington, DC 20463

Re: Identification Number: C00407098

Dear Patricia:

This report was late on September 16, 2008 a copy is attached.

Sincerely,

Forrest Thompson  
Treasurer

FDT/ksc

29039981177

# iiC InfoCision

THE highest quality call center company in the world!®

RECEIVED  
ELECTION CENTER

2009 JAN 14 PM 3:29

January 13, 2009

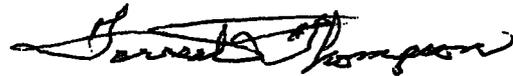
Ohio Elections Commission  
Attn: Philip C. Richter  
21 West Broad Street, Suite 600  
Columbus, Ohio 43215

Re: Case #2008S-289

Dear Philip:

The late filing of the July 15, 2008 quarterly report, postmarked September 16, 2008, resulted because the employee that prepared the report resigned for a position elsewhere and the timely preparation of this report was overlooked. The preparation of the report has been assigned to another employee.

Sincerely,



Forrest Thompson  
Treasurer

FDT/ksc

*Kimberly Sue Croft*



Kimberly Sue Croft  
Notary Public  
State of Ohio  
My Comm. Exp. 02/26/11



**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: 07 / 01 / 2008 To: 09 / 30 / 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2008</u>	<u>12,445.54</u>	<u>12,445.54</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>1,316.15</u>	
(c) Total Receipts (from Line 19).....	<u>924.00</u>	<u>2,640.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>14,085.54</u>	<u>15,085.54</u>
7. Total Disbursements (from Line 31).....	<u>450.00</u>	<u>1,450.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>13,635.54</u>	<u>13,635.54</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>-0-</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>-0-</u>	

29039981180

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:

07 / 01 / 2008

To:

09 / 30 / 2008

**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).....

924.00

2,640.00

(ii) Unitemized.....

-0-

-0-

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

-0-

-0-

(b) Political Party Committees.....

-0-

-0-

(c) Other Political Committees  
(such as PACs).....

-0-

-0-

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

924.00

2,640.00

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

-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)).....▶

924.00

2,640.00

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

-0-

-0-

29039981131

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	450.00	1,450.00
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)) ..	450.00	1,450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	-0-	-0-

29039981182

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-**  
**penditures**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	924.00	2,640.00
34. Total Contribution Refunds (from Line 28(d)) .....	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
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-

29039981183

**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 checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	11c	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	15	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	12	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	16	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<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

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

Mailing Address  
75 Burton Drive

City State Zip Code  
Munroe Falls OH 44262

FEC ID number of contributing federal political committee.  
C 00407098

Name of Employer Occupation  
InfoCision Management Corp. Sr. VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1,000.00

Date of Receipt  
09 / 30 / 2008

Amount of Each Receipt this Period  
350.00

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

Mailing Address  
451 Rockglen Drive

City State Zip Code  
Wadsworth, OH 44281

FEC ID number of contributing federal political committee.  
C 00407098

Name of Employer Occupation  
InfoCision Management Corp. Account Executives

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 30 / 2008

Amount of Each Receipt this Period  
140.00

**C.** Full Name (Last, First, Middle Initial)  
Hoffman, Nina

Mailing Address  
1686 26th Street

City State Zip Code  
Cuyahoga Falls OH 44223

FEC ID number of contributing federal political committee.  
C 00407098

Name of Employer Occupation  
InfoCision Management Corp Director Fulfillment Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 30 / 2008

Amount of Each Receipt this Period  
140.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<u>630.00</u>
<b>TOTAL</b> This Period (last page this line number only).....	

29038981134

**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 checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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) <b>A. Campbell, Wayne</b>		Date of Receipt 09 / 30 / 2008
Mailing Address 6603 Valleyvista Drive		Amount of Each Receipt this Period 70.00
City Mayfield Heights	State Zip Code OH 44124	
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer InfoCision Management Corp.	Occupation Product Support Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Kingsburg, Fred</b>		Date of Receipt 09 / 30 / 2008
Mailing Address 1309 Perry Drive NW		Amount of Each Receipt this Period 70.00
City Canton	State Zip Code OH 44708	
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer InfoCision Management Corp.	Occupation Sr. Program Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Wagner, Connie</b>		Date of Receipt 09 / 30 / 2008
Mailing Address 263 19th Street NW		Amount of Each Receipt this Period 35.00
City Barberton,	State Zip Code OH 44203	
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer InfoCision Management Corp.	Occupation Process Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

29039981135

**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 checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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) <b>A. Bennington, Lois</b>		Date of Receipt 09 / 30 / 2008
Mailing Address 7447 Jimmie Street SW City: Massillon State: OH Zip Code: 44646		Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C 0 0 4 0 7 0 9 8		
Name of Employer InfoCision Management Corp.	Occupation Sr. Data Analyst	Amount of Each Receipt this Period 35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Rothrock, Diane</b>		Date of Receipt 09 / 30 / 2008
Mailing Address 641 Hampton Ridge Drive City: Akron State: OH Zip Code: 44313		Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C 0 0 4 0 7 0 9 8		
Name of Employer InfoCision Management Corp.	Occupation Executive Assistant	Amount of Each Receipt this Period 35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Parker, Tina</b>		Date of Receipt 09 / 30 / 2008
Mailing Address 3475 Breeze Knoll Drive City: Youngstown State: OH Zip Code: 44505		Amount of Each Receipt this Period 21.00
FEC ID number of contributing federal political committee. C 0 0 4 0 7 0 9 8		
Name of Employer InfoCision Management Corp.	Occupation Call Center Manager	Amount of Each Receipt this Period 21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.00	

SUBTOTAL of Receipts This Page (optional).....▶	91.00
TOTAL This Period (last page this line number only).....▶	

2903998185

**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 checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15

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. Nikić, Frank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 3098 Creekview Drive  
 City State Zip Code  
 Cuyahoga Falls OH 44223  
 FEC ID number of contributing federal political committee.  
 C 00407098  
 Name of Employer Occupation  
 InfoCision Management Corp. Account Rep.  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 40.00

Date of Receipt  
 09 / 30 / 2008  
 Amount of Each Receipt this Period  
 14.00

**B. Sun, Roy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 1227 Meadow Run  
 City State Zip Code  
 Copley, OH 44321  
 FEC ID number of contributing federal political committee.  
 C 00407098  
 Name of Employer Occupation  
 InfoCision Management Corp. Application Developer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 40.00

Date of Receipt  
 09 / 30 / 2008  
 Amount of Each Receipt this Period  
 14.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee.  
 C  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	28.00
TOTAL This Period (last page this line number only).....▶	924.00

29039981187

**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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 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)  
**ATA PAC**

Mailing Address  
**3815 River Crossing Parkway, Suite 20**

City **Indianapolis,** State **IN** Zip Code **46240**

Purpose of Disbursement  
**Contribution**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**09 / 17 / 2008**

Amount of Each Disbursement this Period  
**450.00**

Category/Type  
**011**

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶	<b>450.00</b>
TOTAL This Period (last page this line number only).....▶	<b>450.00</b>

29039981189

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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:
		% (apr)	<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:

<b>SUBTOTALS</b> This Period This Page (optional).....	
<b>TOTALS</b> This Period (last page in this line only).....	

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

29039981139

**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 <b>C</b>							
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan  = 0 =	Interest Rate (APR)  %							
Mailing Address	Date Incurred or Established	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> </table>		M M	D D	Y Y Y Y	M M	D D	Y Y Y Y
M M	D D	Y Y Y Y							
M M	D D	Y Y Y Y							
City State Zip Code	Date Due	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> </table>		M M	D D	Y Y Y Y	M M	D D	Y Y Y Y
M M	D D	Y Y Y Y							
M M	D D	Y Y Y Y							
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> </table>				M M	D D	Y Y Y Y	M M	D D	Y Y Y Y
M M	D D	Y Y Y Y							
M M	D D	Y Y Y Y							
<p>B. If line of credit, Amount of this Draw:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">M M M M M M M M M M</td> <td style="width:50%; text-align:center;">M M M M M M M M M M</td> </tr> </table>		M M M M M M M M M M	M M M M M M M M M M	<p>Total Outstanding Balance:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">M M M M M M M M M M</td> <td style="width:50%; text-align:center;">M M M M M M M M M M</td> </tr> </table>		M M M M M M M M M M	M M M M M M M M M M		
M M M M M M M M M M	M M M M M M M M M M								
M M M M M M M M M M	M M M M M M M M M M								
<p>C. Are other parties secondarily liable for the debt incurred?  <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p>									
<p>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?  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p>		<p>What is the value of this collateral?  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">M M M M M M M M M M</td> <td style="width:50%; text-align:center;">M M M M M M M M M M</td> </tr> </table> </p> <p>Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		M M M M M M M M M M	M M M M M M M M M M				
M M M M M M M M M M	M M M M M M M M M M								
<p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p>		<p>What is the estimated value?  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">M M M M M M M M M M</td> <td style="width:50%; text-align:center;">M M M M M M M M M M</td> </tr> </table> </p>		M M M M M M M M M M	M M M M M M M M M M				
M M M M M M M M M M	M M M M M M M M M M								
<p>A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).                  Date account established:  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> </table> </p>		M M	D D	Y Y Y Y	M M	D D	Y Y Y Y	<p>Location of account:                  Address:                  City, State, Zip: _____</p>	
M M	D D	Y Y Y Y							
M M	D D	Y Y Y Y							
<p>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.</p>									
<p>G. COMMITTEE TREASURER                  Typed Name                  Signature</p>		<p>DATE  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> </table> </p>		M M	D D	Y Y Y Y	M M	D D	Y Y Y Y
M M	D D	Y Y Y Y							
M M	D D	Y Y Y Y							
<p>H. Attach a signed copy of the loan agreement.</p>									
<p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <p>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.</p> <p>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.</p> <p>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.</p>									
<p>AUTHORIZED REPRESENTATIVE                  Typed Name                  Signature</p>		<p>DATE  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> </table> </p>		M M	D D	Y Y Y Y	M M	D D	Y Y Y Y
M M	D D	Y Y Y Y							
M M	D D	Y Y Y Y							
<p>Title</p>									

28039987190

**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-

10118961067

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

NAME OF COMMITTEE (In Full) <u>InfoCision Management Corporation PAC</u>		FEC IDENTIFICATION NUMBER <u>C</u>
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		
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		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		
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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

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 \_\_\_\_\_

29039991192



**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

29039981194

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

PAGE OF

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.

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising  Direct Candidate Support

CHECK IF THE RATIO IS:

New  Revised  Same as Previously Reported

FEDERAL %

0 %

NONFEDERAL %

0 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising  Direct Candidate Support

CHECK IF THE RATIO IS:

New  Revised  Same as Previously Reported

FEDERAL %

0 %

NONFEDERAL %

0 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising  Direct Candidate Support

CHECK IF THE RATIO IS:

New  Revised  Same as Previously Reported

FEDERAL %

0 %

NONFEDERAL %

0 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising  Direct Candidate Support

CHECK IF THE RATIO IS:

New  Revised  Same as Previously Reported

FEDERAL %

0 %

NONFEDERAL %

0 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising  Direct Candidate Support

CHECK IF THE RATIO IS:

New  Revised  Same as Previously Reported

FEDERAL %

0 %

NONFEDERAL %

0 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising  Direct Candidate Support

CHECK IF THE RATIO IS:

New  Revised  Same as Previously Reported

FEDERAL %

0 %

NONFEDERAL %

0 %

29029981195

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

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**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-

29039981195

**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)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City		State	Zip Code		
Purpose of Disbursement:			Allocated Activity or Event Year-To-Date		
Activity or Event Identifier:			Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City		State	Zip Code		
Purpose of Disbursement:			Allocated Activity or Event Year-To-Date		
Activity or Event Identifier:			Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City		State	Zip Code		
Purpose of Disbursement:			Allocated Activity or Event Year-To-Date		
Activity or Event Identifier:			Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

<b>SUBTOTAL of Allocated Federal and NonFederal Activity This Page</b>					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<b>TOTAL This Period (last page for each line only)(Federal share to 21(a)(I) and NonFederal share to 21(a)(II))</b>					
FEDERAL SHARE			NONFEDERAL SHARE		= TOTAL AMOUNT

29039981197

**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..... VOTER REGISTRATION
- II) **Voter ID**  
Total Amount Transferred for Voter ID..... VOTER ID
- III) **GOTV**  
Total Amount Transferred for GOTV..... GOTV
- IV) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity..... 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..... VOTER REGISTRATION
- II) **Voter ID**  
Total Amount Transferred for Voter ID..... VOTER ID
- III) **GOTV**  
Total Amount Transferred for GOTV..... GOTV
- IV) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity..... 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-

29039981188

**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
			-0-

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-	

29039981199

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

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

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

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

Use separate schedule(s) for each category of the Aggregation Page	PAGE <span style="float: right;">OF</span> FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2
--	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**InfoCision Management Corporation PAC**

<b>A.</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 _____
--	--

<b>B.</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 _____
--	--

<b>C.</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 _____
--	--

<b>D.</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 _____
--	--

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

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**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"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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**

<b>A.</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"/>

<b>B.</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"/>

<b>C.</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"/>

<b>D.</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"/>

<b>E.</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"/>

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

29039981202

Deposit Date      Name      Amount  
 July 2008

**InfoCision PAC Filing - Q3 2008**  
 Employee Contribution Summary

7/30/2008 Lois Bennington      10.00  
 7/30/2008 Steve Brubaker      100.00  
 7/30/2008 Wayne Campbell      20.00  
 7/30/2008 Nina Hoffman      40.00  
 7/30/2008 Fred Kingsbury      20.00  
 7/30/2008 Frank Nikic      4.00  
 7/30/2008 Tina Parker      6.00  
 7/30/2008 Diane Rothrock      10.00  
 7/30/2008 Roy Sun      4.00  
 7/30/2008 Andrew L Talabac      40.00  
 7/30/2008 Connie Wagner      10.00  
 9/4/2008 Lois Bennington      15.00  
 9/4/2008 Steve Brubaker      150.00  
 9/4/2008 Wayne Campbell      30.00  
 9/4/2008 Nina Hoffman      60.00  
 9/4/2008 Fred Kingsbury      30.00  
 9/4/2008 Frank Nikic      6.00  
 9/4/2008 Tina Parker      9.00  
 9/4/2008 Diane Rothrock      15.00  
 9/4/2008 Roy Sun      6.00  
 9/4/2008 Andrew L Talabac      60.00  
 9/4/2008 Connie Wagner      15.00  
 10/3/2008 Lois Bennington      10.00  
 10/3/2008 Steve Brubaker      100.00  
 10/3/2008 Wayne Campbell      20.00  
 10/3/2008 Nina Hoffman      40.00  
 10/3/2008 Fred Kingsbury      20.00  
 10/3/2008 Frank Nikic      4.00  
 10/3/2008 Tina Parker      6.00  
 10/3/2008 Diane Rothrock      10.00  
 10/3/2008 Roy Sun      4.00  
 10/3/2008 Andrew L Talabac      40.00  
 10/3/2008 Connie Wagner      10.00  
  
 Total      924.00

Sum of amount				
Donar name	July	August	Sept	Grand Total
Lois Bennington	\$10.00	\$15.00	\$10.00	\$35.00
Steve Brubaker	\$100.00	\$150.00	\$100.00	\$350.00
Wayne Campbell	\$20.00	\$30.00	\$20.00	\$70.00
Nina Hoffman	\$40.00	\$60.00	\$40.00	\$140.00
Fred Kingsbury	\$20.00	\$30.00	\$20.00	\$70.00
Frank Nikic	\$4.00	\$6.00	\$4.00	\$14.00
Tina Parker	\$6.00	\$9.00	\$6.00	\$21.00
Diane Rothrock	\$10.00	\$15.00	\$10.00	\$35.00
Roy Sun	\$4.00	\$6.00	\$4.00	\$14.00
Andrew L Talabac	\$40.00	\$60.00	\$40.00	\$140.00
Connie Wagner	\$10.00	\$15.00	\$10.00	\$35.00
Grand Total	\$264.00	\$396.00	\$264.00	\$924.00

29039981203

**INFOCISION MANAGEMENT CORP. PAC**

325 SPRINGSIDE DR.  
AKRON, OH 44333

06-04

1019

6-103/410  
57071

DATE 09/17/08

PAY TO THE  
ORDER OF ATA - PAC

\$ 450.00

Four hundred fifty dollars and 00/100- - - - - DOLLARS 



KeyBank National Association  
Akron, Ohio 44333  
1-888-KEY4BIZ® Key.com®

FOR \_\_\_\_\_

*[Handwritten Signature]*

*[Handwritten Signature: Debbie Cochrane]*

GUARANTEE SAFETY

29039981204

# iiC InfoCision

THE highest quality call center company in the world!®

Process from Imc PAC.

CHECK REQUEST

Date: 9/10/08 Requested by: Bev Thompson

Amount \$ 450.00 Department: Creative Services

Required When: 9/12/08 Mail Check: Yes  No

Payable To: ATA - PAC

Address: 3815 River Crossing Parkway, Suite 20

City: Indianapolis State: IN Zip: 46240

Contact: Rafael Manzon Phone: ( 317 ) 816-9336

Reason for Check: American Teleservices Assn. PAC event  
Monday, October 6, 2008 at 2008 ATA Annual  
Convention - San Antonio, TX - Attending are:  
Steve Brubaker, Rick Lawson, and Yvonne Anderson.

Requested by Bev Thompson Date: 9/10/08

Print Name Bev Thompson Title: Conference & Advertising  
manager

Sr. VP Approval [Signature] -- Date: 9/22/08  
(Signature)

Print Name see attached Title: \_\_\_\_\_  
approval

Accounting Use Only

Check No.: \_\_\_\_\_

Account Codes Amounts

Date: \_\_\_\_\_

Issued by: \_\_\_\_\_

29039981205

Federal Election Commission  
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 Delivery Confirmation™ or Signature Confirmation™ Label

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No Postmark

Overnight Delivery Service (Specify): *UPS* Shipping Date  
*1/13/09*  
 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

*JNW*  
 PREPARER *1/14/09*  
DATE PREPARED

29039981206