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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Check if different than previously reported. (ACC) Akron OH 44383

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00407098

3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [ ] / [ ] / [ ] in the State of [ ]

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

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period 07 01 2010 through 09 30 2010

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 David M. Hamrick

Signature of Treasurer [Handwritten Signature]

Date 10 12 2010

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

Office Use Only

FEC FORM 3X Rev. 12/2004

10030442226

**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:  /  /

10030442227

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2010"/>		10,419.54
(b) Cash on Hand at Beginning of Reporting Period.....	8,982.63	
(c) Total Receipts (from Line 19).....	750.00	2,354.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9,732.63	12,773.54
7. Total Disbursements (from Line 31).....	100.00	3,140.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,632.63	9,632.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	-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:

MM / DD / YYYY  
07 / 01 / 2010

To:

MM / DD / YYYY  
09 / 30 / 2010

**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).....

750.00

2,354.00

(ii) Unitemized.....

-0-

-0-

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

750.00

2,354.00

(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).....▶

750.00

2,354.00

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)).....▶

750.00

2,354.00

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

-0-

-0-

10030442228

**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.....	100.00-	3,140.91-
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))..	100.00	3,140.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Lines 30(a)(ii) from Line 31).....	-0-	-0-

1003044229

**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) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 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)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

750.00
-0-
-0-
-0-
-0-
-0-

2,354.00
-0-
-0-
-0-
-0-
-0-

10030442250

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

Munroe Falls

State

OH

Zip Code

44262

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. VP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

09 / 30 / 2010

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Talabec, Andrew

Mailing Address

451 Rockglen Drive

City

Wadsworth,

State

OH

Zip Code

44281

FEC ID number of contributing federal political committee.

C 0-0-4-0-7-0-9-8

Name of Employer

InfoCision Management Corp.

Occupation

Account Executives

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2010

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

C. Hoffman, Nina

Mailing Address

1686 26th Street

City

Cuyahoga Falls

State

OH

Zip Code

44223

FEC ID number of contributing federal political committee.

C 0-0-4-0-7-0-9-8

Name of Employer

InfoCision Management Corp

Occupation

Director Fulfillment Operations

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

09 / 30 / 2010

Amount of Each Receipt this Period

-0-

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

490.00

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

1005044231

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

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

**A.** Full Name (Last, First, Middle Initial)  
Campbell, Wayne

Mailing Address  
6603 Valleyvista Drive

City Mayfield Heights State OH Zip Code 44124

FEC ID number of contributing federal political committee. C 00407098

Name of Employer InfoCision Management Corp. Occupation Product Support Engineer

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date 200.00

Date of Receipt 09/30/2010

Amount of Each Receipt this Period 70.00

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

Mailing Address  
1309 Perry Drive NW

City Canton State OH Zip Code 44708

FEC ID number of contributing federal political committee. C 00407098

Name of Employer InfoCision Management Corp. Occupation Sr. Program Supervisor

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date 200.00

Date of Receipt 09/30/2010

Amount of Each Receipt this Period 70.00

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

Mailing Address  
1227 Meadow Run

City Copley State OH Zip Code 44321

FEC ID number of contributing federal political committee. C 00407098

Name of Employer InfoCision Management Corp. Occupation Application Developer

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date 40.00

Date of Receipt 09/30/2010

Amount of Each Receipt this Period 14.00

**SUBTOTAL** of Receipts This Page (optional)..... **154.00**

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

10030442232

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

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

**A. Bennington, Lois**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
**7447 Jimmie Street SW**  
City **Massillon** State **OH** Zip Code **44646**  
FEC ID number of contributing federal political committee. **C 0-0407-098**  
Name of Employer **InfoCision Management Corp.** Occupation **Sr. Data Analyst**  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**100.00**

Date of Receipt  
**09 / 30 / 2010**  
Amount of Each Receipt this Period  
**35.00**

**B. Rothnock, Diane**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
**641 Hampton Ridge Drive**  
City **Akron** State **OH** Zip Code **44313**  
FEC ID number of contributing federal political committee. **C 0-0407-098**  
Name of Employer **InfoCision Management Corp.** Occupation **Executive Assistant**  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**100.00**

Date of Receipt  
**09 / 30 / 2010**  
Amount of Each Receipt this Period  
**35.00**

**C. Parker, Tina**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
**3475 Breeze Knoll Drive**  
City **Youngstown** State **OH** Zip Code **44505**  
FEC ID number of contributing federal political committee. **C 0-0407-098**  
Name of Employer **InfoCision Management Corp.** Occupation **Call Center Manager**  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**60.00**

Date of Receipt  
**09 / 30 / 2010**  
Amount of Each Receipt this Period  
**21.00**

SUBTOTAL of Receipts This Page (optional).....	<b>91.00</b>
TOTAL This Period (last page this line number only).....	

10050442233

**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"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial)

A. Johnson, Irvin W

Mailing Address

1405 Bellows Street

City

Akron

State

OH

Zip Code

44301

FEC ID number of contributing federal political committee.

C 0-0-4-07-098

Name of Employer

InfoCision Management Corp.

Occupation

Account Rep.

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

54.00

Date of Receipt

09 30 2010

Amount of Each Receipt this Period

15.00

B. 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

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) ▶

15.00

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

750.00

10030442234

**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
			<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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.</b>	<b>Schwan Four County Council</b>	Date of Disbursement
Mailing Address	<b>142 Westover Drive</b>	<b>08 / 30 / 2010</b>
City	<b>Akron</b>	Amount of Each Disbursement this Period
State	<b>Ohio</b>	
Zip Code	<b>44313</b>	<b>100.00</b>
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b>		Date of Disbursement
Mailing Address		
City		Amount of Each Disbursement this Period
State		
Zip Code		
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b>		Date of Disbursement
Mailing Address		
City		Amount of Each Disbursement this Period
State		
Zip Code		
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....	<b>100.00</b>
TOTAL This Period (last page this line number only).....	<b>100.00</b>

10030442235

**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:
		% (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="-0-"/>
TOTALS This Period (last page in this line only).....▶	<input type="text" value="-0-"/>

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

10030442236

**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			
City State Zip Code	Date Due			

A. Has loan been restructured?  No  Yes If yes, date originally incurred

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:  
 Address:  
 Date account established: 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
---	------

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
--	-------	------

10030442237

**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-

10030442238

**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 MM / DD / YYYY
Mailing Address	Amount \$
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President 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 MM / DD / YYYY
Mailing Address	Amount \$
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President 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 .....	\$ <u>                    </u>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	\$ <u>                    </u>
(c) TOTAL Independent Expenditures .....	\$ <u>                    </u>

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 MM / DD / YYYY

10030442239

**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	

NAME OF COMMITTEE (In Full)		<input type="checkbox"/> Check if 24-hour notice	
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		Full Name of Subordinate Committee	
If YES, name the designating committee:		Mailing Address	
		City State ZIP Code	

10030442240

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/> 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			
						<input type="checkbox"/> 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		<input type="checkbox"/> 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			
						<input type="checkbox"/> 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		<input type="checkbox"/> 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			
						<input type="checkbox"/> 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-

**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

10030442241

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

**ALLOCATION RATIOS**

PAGE **01** OF **01**

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

10050442242

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

PAGE OF  
 FOR LINE 18a OF FORM 3X

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-

10050442243

**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:		<input type="text"/>	
		Category/Type	Date
			<input type="text"/> / <input type="text"/> / <input type="text"/>
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>

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:		<input type="text"/>	
		Category/Type	Date
			<input type="text"/> / <input type="text"/> / <input type="text"/>
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>

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:		<input type="text"/>	
		Category/Type	Date
			<input type="text"/> / <input type="text"/> / <input type="text"/>
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

10050442244

**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).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

10030442245

**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-	

10030442246

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

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC  
 NAME OF ACCOUNT

10050442247

	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-

**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)  1a  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

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

Date of Receipt

MM / DD / YYYY

A.

Mailing Address

Amount of Each Receipt this Period

\_\_\_\_\_

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

\_\_\_\_\_

Occupation

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

Date of Receipt

MM / DD / YYYY

B.

Mailing Address

Amount of Each Receipt this Period

\_\_\_\_\_

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

\_\_\_\_\_

Occupation

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

Date of Receipt

MM / DD / YYYY

C.

Mailing Address

Amount of Each Receipt this Period

\_\_\_\_\_

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

\_\_\_\_\_

Occupation

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

Date of Receipt

MM / DD / YYYY

D.

Mailing Address

Amount of Each Receipt this Period

\_\_\_\_\_

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

\_\_\_\_\_

Occupation

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

\_\_\_\_\_ -0-

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

\_\_\_\_\_ -0-

10030442248

**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:		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

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

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount
--------

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

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount
--------

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

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount
--------

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

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount
--------

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

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount
--------

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

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

0
0

10030442249

10030442250

Month	Donor	Amt
July	Lois Bennington	10.00
July	Steve Brubaker	100.00
July	Wayne Campbell	20.00
July	Nina Hoffman	-
July	Irvin W Johnson	6.00
July	Fred Kingsbury	20.00
July	Tina Parker	6.00
July	Diane Rothrock	10.00
July	Roy Sun	4.00
July	Andrew L Talabac	40.00
August	Lois Bennington	15.00
August	Steve Brubaker	150.00
August	Wayne Campbell	30.00
August	Nina Hoffman	-
August	Irvin W Johnson	9.00
August	Fred Kingsbury	30.00
August	Tina Parker	9.00
August	Diane Rothrock	15.00
August	Roy Sun	6.00
August	Andrew L Talabac	60.00
September	Lois Bennington	10.00
September	Steve Brubaker	100.00
September	Wayne Campbell	20.00
September	Nina Hoffman	-
September	Irvin W Johnson	-
September	Fred Kingsbury	20.00
September	Tina Parker	6.00
September	Diane Rothrock	10.00
September	Roy Sun	4.00
September	Andrew L Talabac	40.00
September	Total:	750.00

InfoCision PAC Filing - Q3 - 2010  
Employee Contribution Summary

Sum of Amt Donor	Month			Grand Total
	July	August	September	
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	-	-	-	-
Irvin W Johnson	6.00	9.00	-	15.00
Fred Kingsbury	20.00	30.00	20.00	70.00
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
<b>Grand Total</b>	<b>216.00</b>	<b>324.00</b>	<b>210.00</b>	<b>750.00</b>

InfoCision PAC Filing - YTD 2010  
Employee Contribution Summary

Sum of Amt Donor	Quarter				Grand Total
	Q1	Q2	Q3	Q4	
Lois Bennington	35.00	30.00	35.00	-	100.00
Steve Brubaker	350.00	300.00	350.00	-	1,000.00
Wayne Campbell	70.00	60.00	70.00	-	200.00
Nina Hoffman	140.00	60.00	-	-	200.00
Irvin W Johnson	21.00	18.00	15.00	-	54.00
Fred Kingsbury	70.00	60.00	70.00	-	200.00
Tina Parker	21.00	18.00	21.00	-	60.00
Diane Rothrock	35.00	30.00	35.00	-	100.00
Roy Sun	14.00	12.00	14.00	-	40.00
Andrew L Talabac	140.00	120.00	140.00	-	400.00
<b>Grand Total</b>	<b>896.00</b>	<b>708.00</b>	<b>750.00</b>	<b>-</b>	<b>2,354.00</b>

**INFOCISION MANAGEMENT CORP. PAC**  
325 SPRINGSIDE DR.  
AKRON, OH 44333

06-04

1030

6-103/410  
57071

DATE 8-30-10

PAY TO THE ORDER OF Schwam for County Council \$ 100<sup>00</sup>

One hundred dollars <sup>00</sup>/<sub>100</sub> DOLLARS 

Security features are included. Details on back.



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

FOR \_\_\_\_\_

John D. ... MP

Circle American 05

GUIDANCE SAFETY

10030442251

**Kim Croft**

---

**From:** Steve Brubaker  
**Sent:** Friday, August 27, 2010 10:58 AM  
**To:** Diane Rothrock  
**Cc:** Kim Croft  
**Subject:** FW: Amy Schwan Campaign for County Council

Please process PAC check for \$100...

Thanks!

**Steve Brubaker**  
Chief of Staff, InfoCision

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**From:** Amy Schwan [mailto:amydawg1@hotmail.com]  
**Sent:** Friday, August 27, 2010 10:49 AM  
**To:** Steve Brubaker  
**Subject:** RE: Amy Schwan Campaign for County Council

Thanks so much, Steve!  
Please make check out to: Schwan for County Council

Mail to: Schwan for County Council 142 Westover Dr. Akron, OH 44313

Thanks for the kind words...I'll work hard for the business owners!!!!  
~A

*"That government is best which governs least" - Thomas Paine*

**Amy Schwan**

<http://www.schwanforcountycouncil.com>

<http://www.akronteaparty.com>

<http://www.summitteaparty.com>

[Schwan for County Council on Facebook](#)

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**Subject:** RE: Amy Schwan Campaign for County Council  
**Date:** Fri, 27 Aug 2010 10:15:31 -0400  
**From:** [Steve.Brubaker@INFOCISION.COM](mailto:Steve.Brubaker@INFOCISION.COM)  
**To:** [amydawg1@hotmail.com](mailto:amydawg1@hotmail.com)

Amy,

It was good seeing you also...It is great to see you are running a solid pro-business and personal responsibility message campaign...

Although I am unable to personally do a fundraiser, I would be happy to send a donation of \$100 to your campaign.

1003044252

Just tell me where to send the check...

Thanks!

**Steve Brubaker**  
Chief of Staff, InfoCision

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**From:** Amy Schwan [mailto:amydawg1@hotmail.com]  
**Sent:** Thursday, August 26, 2010 12:30 PM  
**To:** Steve Brubaker  
**Subject:** Amy Schwan Campaign for County Council

Hi Steve!

It was great seeing you last week at the GOP Finance Dinner.

Do you think there is any way you can help with my campaign? A fundraiser or Meet and Greet would be great, if possible...

Please feel free to check out my website and see what I stand for. Any help you could give would be great!

~Amy  
(234) 678-8045

*"That government is best which governs least" - Thomas Paine*

Amy Schwan

<http://www.schwanforcountycouncil.com>

<http://www.akronteaparty.com>

<http://www.summitteaparty.com>

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