

**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:

01 / 01 / 2010

To:

06 / 30 / 2010

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, <u>2010</u>		<u>10,419.54</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>10,419.54</u>	
(c) Total Receipts (from Line 19)	<u>1,604.00</u>	<u>1,604.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>12,023.54</u>	<u>12,023.54</u>
7. Total Disbursements (from Line 31).....	<u>3,040.91</u>	<u>3,040.91</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>8,982.63</u>	<u>8,982.63</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>	

10030364379

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:

01 / 01 / 2010

To:

06 / 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).....

1,604.00

1,604.00

(ii) Unitemized.....

-0-

-0-

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

1,604.00

1,604.00

(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).....▶

1,604.00

1,604.00

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)).....▶

1,604.00

1,604.00

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

-0-

-0-

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**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	3,040.91	3,040.91
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)) ..	3,040.91	3,040.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	-0-	-0-

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	1,604.00	1,604.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-0-	-0-
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-

10030364382

**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. <u>Brubkaer, Steve</u>		Date of Receipt <u>06</u> <u>30</u> <u>2010</u>
Mailing Address <u>75 Burton Drive</u>		Amount of Each Receipt this Period <u>650.00</u>
City <u>Munroe Falls</u>	State Zip Code <u>OH 44262</u>	
FEC ID number of contributing federal political committee. <u>C 00407098</u>		
Name of Employer <u>InfoCision Management Corp.</u>	Occupation <u>Sr. VP</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>650.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Talabec, Andrew</u>		Date of Receipt <u>06</u> <u>30</u> <u>2010</u>
Mailing Address <u>451 Rockglen Drive</u>		Amount of Each Receipt this Period <u>260.00</u>
City <u>Wadsworth,</u>	State Zip Code <u>OH 44281</u>	
FEC ID number of contributing federal political committee. <u>C 00407098</u>		
Name of Employer <u>InfoCision Management Corp.</u>	Occupation <u>Account Executive</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>260.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Hoffman, Nina</u>		Date of Receipt <u>06</u> <u>30</u> <u>2010</u>
Mailing Address <u>1686 26th Street</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Cuyahoga Falls</u>	State Zip Code <u>OH 44223</u>	
FEC ID number of contributing federal political committee. <u>C 00407098</u>		
Name of Employer <u>InfoCision Management Corp.</u>	Occupation <u>Director Fulfillment Operations</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>200.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>1,110.00</u>
TOTAL This Period (last page this line number only).....▶	

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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 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. Campbell, Wayne		Date of Receipt 06 30 2010
Mailing Address 6603 Valleyvista Drive		Amount of Each Receipt this Period 130.00
City Mayfield Heights	State Zip Code OH 44124	
FEC ID number of contributing federal political committee. C 00407098		Aggregate Year-to-Date 130.00
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 ▼	

Full Name (Last, First, Middle Initial) B. Kingsburg, Fred		Date of Receipt 06 30 2010
Mailing Address 1309 Perry Drive NW		Amount of Each Receipt this Period 130.00
City Canton	State Zip Code OH 44708	
FEC ID number of contributing federal political committee. C 00407098		Aggregate Year-to-Date 130.00
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 ▼	

Full Name (Last, First, Middle Initial) C. Sun, Roy		Date of Receipt 06 30 2010
Mailing Address 1227 Meadow Run		Amount of Each Receipt this Period 26.00
City Copley	State Zip Code OH 44321	
FEC ID number of contributing federal political committee. C 00407098		Aggregate Year-to-Date 26.00
Name of Employer InfoCision Management Corp.	Occupation Application Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....	286.00
TOTAL This Period (last page this line number only).....	

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**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

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NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial) A. Bennington, Lois		Date of Receipt 06 30 2010
Mailing Address 7447 Jimmie Street SW		Amount of Each Receipt this Period 65.00
City Massillon	State Zip Code OH 44646	
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer InfoCision Management Corp.	Occupation Sr. Data Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 65.00	

Full Name (Last, First, Middle Initial) B. Rothrock, Diane		Date of Receipt 06 30 2010
Mailing Address 641 Hampton Ridge Drive		Amount of Each Receipt this Period 65.00
City Akron	State Zip Code OH 44313	
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer InfoCision Management Corp.	Occupation Executive Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 65.00	

Full Name (Last, First, Middle Initial) C. Parker, Tina		Date of Receipt 06 30 2010
Mailing Address 3475 Breeze Knoll Drive		Amount of Each Receipt this Period 39.00
City Youngstown	State Zip Code OH 44505	
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer InfoCision Management Corp.	Occupation Call Center Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39.00	

SUBTOTAL of Receipts This Page (optional).....	169.00
TOTAL This Period (last page this line number only).....	

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**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 type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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		Date of Receipt 06 30 2010
Mailing Address 1405 Bellows Street		Amount of Each Receipt this Period 39.00
City Akron	State Zip Code OH 44301	
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer InfoCision Management Corp.	Occupation Account Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39.00	

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

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

SUBTOTAL of Receipts This Page (optional).....	39.00
TOTAL This Period (last page this line number only).....	1,604.00

10030364386

**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"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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)

A.

Key Bank

Mailing Address
157 S Main Street

City Akron State Ohio Zip Code 44333

Purpose of Disbursement
Check supply purchase

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

01 / 13 / 2010

Amount of Each Disbursement this Period

40.91

B.

Slaby for Senate

Mailing Address
358 5th St NE

City Barberton State ohio Zip Code 44203

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

500.00

C.

JD Hayworth

Mailing Address
P. O. Box 28604

City Scottsdale State AZ Zip Code 85253

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

05 / 13 / 2010

Amount of Each Disbursement this Period

1,500.00

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

2,040.91

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

10030364387

**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"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial) DMA PAC		Date of Disbursement 05 19 2010	
Mailing Address 16151 SE NW, Suite 1100			
City Washington	State DC	Zip Code 20036	
Purpose of Disbursement		Amount of Each Disbursement this Period 1,000.00	
Candidate Name		Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

SUBTOTAL of Disbursements This Page (optional).....	1,000.00
TOTAL This Period (last page this line number only).....	3,040.91

10030364388

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

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

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	Date Due	City	State	Zip Code
-----------------	------------------------------	----------	------	-------	----------

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:
 Date account established: Address:
 City, State, Zip:

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

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

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	DATE
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10030364390

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

10030364391

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-

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

PAGE _____ OF _____
FOR LINE 24 OF FORM 3X

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

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

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

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

Signature _____ Date _____

10030364392

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) InfoCision Management Corporation PAC	<input type="checkbox"/> Check if <input type="checkbox"/> 24-hour notice
--	--

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City State ZIP Code
--	--

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

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

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

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

10030364393

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

10030364394

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.

10030364395

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

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED 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-

10030364396

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X

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		Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/Type		Date	
Activity or Event Identifier:					
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		Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/Type		Date	
Activity or Event Identifier:					
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		Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/Type		Date	
Activity or Event Identifier:					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

10030364397

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**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID.....
- iii) **GOTV**

GOTV

Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity**

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**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID.....
- iii) **GOTV**

GOTV

Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

10030364398

**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:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
City	State	Zip Code	<input type="checkbox"/> Voter ID
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Generic Campaign
			Allocated Activity or Event Year-To-Date
Date			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
			-0-

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

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

10030364399

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

1003036400

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

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

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

Date of Receipt

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

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

Date of Receipt

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

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

Date of Receipt

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

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

Date of Receipt

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)..... ▶

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

10030364401

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
 (check only one) 4a 4c 5
 4b 4d

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

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

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

A.

Date of Disbursement

Mailing Address

____/____/____

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

B.

Date of Disbursement

Mailing Address

____/____/____

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

C.

Date of Disbursement

Mailing Address

____/____/____

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

D.

Date of Disbursement

Mailing Address

____/____/____

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

E.

Date of Disbursement

Mailing Address

____/____/____

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

_____ - 0 - _____

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

_____ - 0 - _____

10030364202

1003036403

Month	Donor	Amt
January	Lois Bennington	15.00
January	Steve Brubaker	150.00
January	Wayne Campbell	30.00
January	Nina Hoffman	60.00
January	Irvin W Johnson	9.00
January	Fred Kingsbury	30.00
January	Tina Parker	9.00
January	Diane Rothrock	15.00
January	Roy Sun	6.00
January	Andrew L Talabac	60.00
February	Lois Bennington	10.00
February	Steve Brubaker	100.00
February	Wayne Campbell	20.00
February	Nina Hoffman	40.00
February	Irvin W Johnson	6.00
February	Fred Kingsbury	20.00
February	Tina Parker	6.00
February	Diane Rothrock	10.00
February	Roy Sun	4.00
February	Andrew L Talabac	40.00
March	Lois Bennington	10.00
March	Steve Brubaker	100.00
March	Wayne Campbell	20.00
March	Nina Hoffman	40.00
March	Irvin W Johnson	6.00
March	Fred Kingsbury	20.00
March	Tina Parker	6.00
March	Diane Rothrock	10.00
March	Roy Sun	4.00
March	Andrew L Talabac	40.00
April	Lois Bennington	10.00
April	Steve Brubaker	100.00
April	Wayne Campbell	20.00
April	Nina Hoffman	40.00
April	Irvin W Johnson	6.00
April	Fred Kingsbury	20.00
April	Tina Parker	6.00
April	Diane Rothrock	10.00
April	Roy Sun	4.00
April	Andrew L Talabac	40.00
May	Lois Bennington	10.00
May	Steve Brubaker	100.00
May	Wayne Campbell	20.00
May	Nina Hoffman	20.00
May	Irvin W Johnson	6.00
May	Fred Kingsbury	20.00
May	Tina Parker	6.00
May	Diane Rothrock	10.00
May	Roy Sun	4.00
May	Andrew L Talabac	40.00
June	Lois Bennington	10.00
June	Steve Brubaker	100.00
June	Wayne Campbell	20.00
June	Nina Hoffman	-
June	Irvin W Johnson	6.00
June	Fred Kingsbury	20.00
June	Tina Parker	6.00
June	Diane Rothrock	10.00
June	Roy Sun	4.00
June	Andrew L Talabac	40.00
		1,604.00

InfoCision PAC Filing - Q1 - 2010
Employee Contribution Summary

Sum of Amt	Month			Grand Total
Donor	January	February	March	
Lois Bennington	15.00	10.00	10.00	35.00
Steve Brubaker	150.00	100.00	100.00	350.00
Wayne Campbell	30.00	20.00	20.00	70.00
Nina Hoffman	60.00	40.00	40.00	140.00
Irvin W Johnson	9.00	6.00	6.00	21.00
Fred Kingsbury	30.00	20.00	20.00	70.00
Tina Parker	9.00	6.00	6.00	21.00
Diane Rothrock	15.00	10.00	10.00	35.00
Roy Sun	6.00	4.00	4.00	14.00
Andrew L Talabac	60.00	40.00	40.00	140.00
Grand Total	384.00	256.00	256.00	896.00

InfoCision PAC Filing - Q2 - 2010
Employee Contribution Summary

Sum of Amt	Month			Grand Total
Donor	April	May	June	
Lois Bennington	10.00	10.00	10.00	30.00
Steve Brubaker	100.00	100.00	100.00	300.00
Wayne Campbell	20.00	20.00	20.00	60.00
Nina Hoffman	40.00	20.00	-	60.00
Irvin W Johnson	6.00	6.00	6.00	18.00
Fred Kingsbury	20.00	20.00	20.00	60.00
Tina Parker	6.00	6.00	6.00	18.00
Diane Rothrock	10.00	10.00	10.00	30.00
Roy Sun	4.00	4.00	4.00	12.00
Andrew L Talabac	40.00	40.00	40.00	120.00
Grand Total	256.00	236.00	216.00	708.00

InfoCision PAC Filing - YTD 2010
Employee Contribution Summary

Sum of Amt	Q1	Q2	Q3	Q4	Grand Total
Lois Bennington	35.00	30.00			65.00
Steve Brubaker	350.00	300.00			650.00
Wayne Campbell	70.00	60.00			130.00
Nina Hoffman	140.00	60.00			200.00
Irvin W Johnson	21.00	18.00			39.00
Fred Kingsbury	70.00	60.00			130.00
Tina Parker	21.00	18.00			39.00
Diane Rothrock	35.00	30.00			65.00
Roy Sun	14.00	12.00			26.00
Andrew L Talabac	140.00	120.00			260.00
Grand Total	896.00	708.00	-	-	1,604.00

CHECK REQUEST

Date: May 12, 2010 Requested by: Diane Rothrock

Amount \$1,500.00 Department: Corporate Affairs

Required When: At your earliest convenience Mail Check: Yes No

Payable To: JD Hayworth 2010

Address: P.O. Box 28604

City: Scottsdale State: AZ Zip: 85255

Contact: _____ Phone: _____

Reason for Check: Please send a check in the amount of \$1,500.00 from the IMC PAC to JDHayworth 2010 to support JD Hayworth for Senate.

Requested by: Diane Rothrock Date: May 12, 2010

Print Name Diane Rothrock Title: Executive Assistant

Sr. VP Approval *Steve Brubaker* Date: May 12, 2010
(Signature)

Print Name Steve Brubaker Title: Chief of Staff

INFOCISION MANAGEMENT CORP. PAC

06-04

1028

325 SPRINGSIDE DR.
AKRON, OH 44333

6-103/410
57071

DATE 05-13-10

PAY TO THE ORDER OF JD Hayworth 2010 \$ 1,500.00

One thousand five hundred dollars and 00/100 ----- DOLLARS



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

FOR _____

Diane Rothrock

MP

10030364404

GUARANTEE SAFETY
Check with American Express

CHECK REQUEST

Date: May 12, 2010 Requested by: Diane Rothrock

Amount \$1,000.00 Department: Corporate Affairs

Required When: At your earliest convenience Mail Check: Yes No

Payable To: DMA PAC

Address: 1615 L Street, NW, Suite 1100

City: Washington State: DC Zip: 20036

Contact: Tim Donovan Phone: 202.861.2474

Reason for Check: Please send a check in the amount of \$1,000.00 from the JMC PAC to support the DMA PAC.

Requested by: Diane Rothrock Date: May 13, 2010

Print Name Diane Rothrock Title: Executive Assistant

Sr. VP Approval *Steve Brubaker* Date: May 13, 2010
(Signature)

Print Name Steve Brubaker Title: Chief of Staff

INFOCISION MANAGEMENT CORP. PAC

06-04

1029

325 SPRINGSIDE DR.
AKRON, OH 44333

6-103/410
57071

DATE 05-14-10

PAY TO THE ORDER OF DMA PAC

\$ 1,000.00

One thousand dollars and 00/100 ----- DOLLARS



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

FOR _____

Diane Rothrock

MP

1003036405

©2010 American CT

GUARDIAN SAFETY

IMC PAC CHECK REQUEST

Date: May 5, 2010 Requested by: Diane Rothrock

Amount \$500.00 Department: Corporate Affairs

Required When: At your earliest convenience Mail Check: Yes No

Payable To: Slaby for State Representative, c/o Kim Arnold

Address: 358 5th Street NE

City: Barberton State: OH Zip: 44203

Contact: Kim Arnold Phone: _____

Reason for Check: Please send a check in the amount of \$500.00 to support Lynn Slaby as a Republican candidate for the House of Representatives, 41st District.

Requested by: Diane Rothrock Date: May 5, 2010

Print Name Diane Rothrock Title: Executive Assistant

Sr. VP Approval *Steve Brubaker* Date: May 5, 2010
(Signature)

Print Name Steve Brubaker Title: Chief of Staff

INFOCISION MANAGEMENT CORP. PAC

325 SPRINGSIDE DR.
AKRON, OH 44333

06-04

1027

6-103/410
57071

DATE 05-07-10

PAY TO THE ORDER OF Slaby for State Representative \$ 500.00

Five hundred dollars and 00/100 ----- DOLLARS



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

FOR _____

Steve Brubaker

MP

10030354406

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *ups* Shipping Date
7/12/10
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

Jim P
PREPARER

7/13/10
DATE PREPARED

10030364407