

2010 JUL 13 AM 11:33

**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

44333

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00407098

3. IS THIS REPORT

NEW (N)

OR

AMENDED (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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c)

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

Election on

MM/DD/YYYY

in the State of

MM/DD/YYYY

(d)

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

Election on

MM/DD/YYYY

in the State of

MM/DD/YYYY

5. Covering Period

04 01 2010

through

06 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:

Date

07 08 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

10030364409

**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:

04 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>		10,419.54
(b) Cash on Hand at Beginning of Reporting Period.....	11,274.63	
(c) Total Receipts (from Line 19)	708.00	1,604.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11,982.63	12,023.54
7. Total Disbursements (from Line 31)	3,000.00	3,040.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8,982.63	8,982.63
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

1003036410

**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: 04 01 2010 To: 06 30 2010

I. Receipts

**COLUMN A
Total This Period**

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

	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).....	708.00	1,604.00
(ii) Unitemized.....	-0-	-0-
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(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).....▶	708.00	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)).....▶	708.00	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

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	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	3,000.00	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)) ..	3,000.00	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)	708.00	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)	708.00	1,604.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-0-	-0-
37. Offsets to Operating Expenditures (from Line 15, page 3)	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-0-	-0-

10030364413

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

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

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

NAME OF COMMITTEE (in Full)
InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial) A. <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>300.00</u>
City <u>Munroe Falls</u>	State <u>OH</u>	
Zip Code <u>44262</u>		
FEC ID number of contributing federal political committee. <u>C: 0-0-4-0-7-0-9-8</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 Rockalen Drive</u>		Amount of Each Receipt this Period <u>120.00</u>
City <u>Wadsworth,</u>	State <u>OH</u>	
Zip Code <u>44281</u>		
FEC ID number of contributing federal political committee. <u>C: 0-0-4-0-7-0-9-8</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>60.00</u>
City <u>Cuyahoga Falls</u>	State <u>OH</u>	
Zip Code <u>44223</u>		
FEC ID number of contributing federal political committee. <u>C: 0-0-4-0-7-0-9-8</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>480.00</u>
TOTAL This Period (last page this line number only).....	

1003036414

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

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NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

A. Campbell, Wayne
 Full Name (Last, First, Middle Initial)
 Mailing Address
6603 Valleyvista Drive
 City Mayfield Heights State OH Zip Code 44124
 Date of Receipt 06-30-2010
 Amount of Each Receipt this Period 60.00
 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 130.00

B. Kingsburg, Fred
 Full Name (Last, First, Middle Initial)
 Mailing Address
1309 Perry Drive NW
 City Canton State OH Zip Code 44708
 Date of Receipt 06-30-2010
 Amount of Each Receipt this Period 60.00
 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 120.00

C. Sun, Roy
 Full Name (Last, First, Middle Initial)
 Mailing Address
1227 Meadow Run
 City Copley State OH Zip Code 44321
 Date of Receipt 06-30-2010
 Amount of Each Receipt this Period 12.00
 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 26.00

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

10030364415

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

A. Full Name (Last, First, Middle Initial)
Bennington, Lois

Mailing Address
7447 Jimmie Street SW

City State Zip Code
Massillon OH 44646

FEC ID number of contributing federal political committee.
C: 0-0407-098

Name of Employer Occupation
InfoCision Management Corp. Sr. Data Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
06 30 2010

Amount of Each Receipt this Period
30.00

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

Mailing Address
641 Hampton Ridge Drive

City State Zip Code
Akron OH 44313

FEC ID number of contributing federal political committee.
C: 0-0407-098

Name of Employer Occupation
InfoCision Management Corp. Executive Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
65.00

Date of Receipt
06 30 2010

Amount of Each Receipt this Period
30.00

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

Mailing Address
3475 Breeze Knoll Drive

City State Zip Code
Youngstown OH 44505

FEC ID number of contributing federal political committee.
C: 0-0407-098

Name of Employer Occupation
InfoCision Management Corp. Call Center Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39.00

Date of Receipt
06 30 2010

Amount of Each Receipt this Period
18.00

SUBTOTAL of Receipts This Page (optional).....	780.00
TOTAL This Period (last page this line number only).....	

1003036416

**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 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 State Zip Code
Akron OH 44301

FEC ID number of contributing federal political committee. **C: 00407098**

Name of Employer Occupation
InfoCision Management Corp. Account Rep.

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **39.00**

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **708.00**

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify)

Date of Receipt

Amount of Each Receipt this Period

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

18.00

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

708.00

1003036417

**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. Slaby for Senate		Date of Disbursement: 06 30 2010
Mailing Address 358 5th Street NE		Amount of Each Disbursement this Period 500.00
City Barberton	State Ohio	
Zip Code 44203		011 Category/ Type
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period 500.00
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) B. JD Hayworth		Date of Disbursement: 06 30 2010
Mailing Address P. O. box 28604		Amount of Each Disbursement this Period 1,500.00
City Scottsdale	State AZ	
Zip Code 85255		011 Category/ Type
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period 1,500.00
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) C. DMA PAC		Date of Disbursement: 06 30 2010
Mailing Address 16151 St NW, Suite 1100		Amount of Each Disbursement this Period 1,000.00
City Washington, DC	State DC	
Zip Code 20036		011 Category/ Type
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period 1,000.00
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).....	3,000.00
TOTAL This Period (last page this line number only).....	3,000.00

1003036418

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)
Mailing Address
City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

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

TERMS Date Incurred Date Due Interest Rate Secured:
% (apr) Yes No

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

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

1003036419

SUBTOTALS This Period This Page (optional) -0-
TOTALS This Period (last page in this line only) -0-

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

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 IC
--	---------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan -0-	Interest Rate (APR) 8%
---	-----------------------	---------------------------

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, Total Outstanding Balance: _____
 Amount of this Draw: _____

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
Title	

1003036420

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
 10

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-

1003036421

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

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

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

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

Signature

Date

1003036422

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
 Check if
 24-hour notice

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

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____	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	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____	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	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____	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)..... ▶	
TOTAL This Period (last page this line number only)..... ▶	

10030364423

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

10030364424

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

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

Methods of allocation:

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

1003036425

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	FEDERAL % <u> 0 </u> %	NONFEDERAL % <u> 0 </u> %
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	FEDERAL % <u> 0 </u> %	NONFEDERAL % <u> 0 </u> %
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	FEDERAL % <u> 0 </u> %	NONFEDERAL % <u> 0 </u> %
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	FEDERAL % <u> 0 </u> %	NONFEDERAL % <u> 0 </u> %
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	FEDERAL % <u> 0 </u> %	NONFEDERAL % <u> 0 </u> %
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	FEDERAL % <u> 0 </u> %	NONFEDERAL % <u> 0 </u> %

**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-

1003036426

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:			<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	Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:		Category/ Type	Date		
Activity or Event Identifier:			<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	Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:		Category/ Type	Date		
Activity or Event Identifier:			<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 NonFederal share to 21(a)(ii))

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

10030364427

SCHEDULE H5 (FEC Form 3X)

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

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

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration..... VOTER REGISTRATION
- ii) **Voter ID**
Total Amount Transferred for Voter ID..... VOTER ID
- iii) **GOTV**
Total Amount Transferred for GOTV..... GOTV
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity..... GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration..... VOTER REGISTRATION
- ii) **Voter ID**
Total Amount Transferred for Voter ID..... VOTER ID
- iii) **GOTV**
Total Amount Transferred for GOTV..... GOTV
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity..... GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

10030364428

**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)

PAGE OF
FOR LINE 30a OF FORM 3X

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	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement		Allocated Activity or Event Year-To-Date	
Category/Type		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	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement		Allocated Activity or Event Year-To-Date	
Category/Type		Date	

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
-0-

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	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement		Allocated Activity or Event Year-To-Date	
Category/Type		Date	

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
-0-

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 TOTAL AMOUNT
-0- -0-

TOTAL This Period for the Levin Share
-0-

1003036429

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

10030364430

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

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

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

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

NAME OF COMMITTEE (In Full)
 InfoCision Management Corporation PAC

A.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
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	
City State Zip Code	Amount of Each Receipt this Period
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	
City State Zip Code	Amount of Each Receipt this Period
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	
City State Zip Code	Amount of Each Receipt this Period
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-

10030264431

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

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

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

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

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

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

A.

Mailing Address

Date of Disbursement

____/____/____

City State Zip Code

Purpose of Disbursement:

Amount of Each Disbursement this Period

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

B.

Mailing Address

Date of Disbursement

____/____/____

City State Zip Code

Purpose of Disbursement:

Amount of Each Disbursement this Period

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

C.

Mailing Address

Date of Disbursement

____/____/____

City State Zip Code

Purpose of Disbursement:

Amount of Each Disbursement this Period

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

D.

Mailing Address

Date of Disbursement

____/____/____

City State Zip Code

Purpose of Disbursement:

Amount of Each Disbursement this Period

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

E.

Mailing Address

Date of Disbursement

____/____/____

City State Zip Code

Purpose of Disbursement:

Amount of Each Disbursement this Period

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

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

0

0

1003036432

1003036433

Month	Donor	Amt
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
June	Total	708.00

InfoCision PAC Filing - Q2 - 2010
Employee Contribution Summary

Sum of Amt Donor	Month			Grand Total
	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 Donor	Q1	Q2	Q3	Q4	Grand Total
	Lois Bennington	35.00	30.00		
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
325 SPRINGSIDE DR.
AKRON, OH 44333

06-04

1028

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 _____

JD Hayworth

MP

10030364434

QUANTITY SAFETY

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 XXX 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 IMC 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
325 SPRINGSIDE DR.
AKRON, OH 44333

06-04

1029

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

1003036435

©2008 KeyBank National Association

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 Lvnn 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 _____

[Handwritten Signature]

1003036436

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>ups</i>	Shipping Date <i>7/12/10</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Chen

PREPARER

7/13/10

DATE PREPARED

(3/2005)

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